A) UPPER LIMBS AND SCAPULOTHORACIC GIRDLE

APD

(a) AMPUTATIONS	
(i) Interscapulothoracic disarticulation	80
(ii) Disarticulation at the shoulder	75
(iii) Amputation above the deltoid insertion	70
(iv) Amputation below the deltoid insertion up to the distal third of the humerus	65
(v) Amputation at the distal third of the humerus, disarticulation at the elbow or above the bicipital tuberosity of the radius	63
(vi) Amputation at the proximal third of the forearm below the bicipital tuberosity of the radius	60
(vii) Amputation at the middle third or the distal third of the forearm	57
(viii) Disarticulation at the wrist	55
(ix) Amputation of the hand (metacarpals, thumb and fingers)	
Refer to diagrams 1, 2, 3, 4 and 5 of amputations of the hand.	APD
(b) FRACTURE, DISLOCATION, SPRAIN	
(1) Clavicle, scapula	
(i) Consolidated fracture	
• without functional sequelae, with or without radiological changes	0
· with functional sequelae	
Refer to Table 2 of ankyloses of the shoulder or of the other joints impaired.	APD
(ii) Sprain, partial acromioclavicular or sternoclavicular dislocation	

· without functional sequelae	0
· with functional sequelae	1
(iii) Acromioclavicular or sternoclavicular dislocation	
· persistent	2
· requiring resection	3
Also refer to Table 2 of ankyloses of the shoulder or of the other joints impaired.	APD
(iv) Pseudarthrosis of the clavicle proved by radiology	3
Also refer to Table 2 of ankyloses of the shoulder.	APD
(2) Humerus	
(i) Head and proximal matephysis	
Consolidated fracture	
• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 2 of ankyloses of the shoulder or of the other joints impaired.	APD
(ii) Diaphysis and distal third	
Consolidated fracture	
• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 2 of ankyloses of the shoulder or of the other joints impaired.	APD
• with axial angulation, whether single or multiple	
\cdot from 10° to 20° without limitation of rotation	2
· from 10° to 20° with limitation of rotation	3
· more than 20° without limitation of rotation	3
• more than 20° with limitation of rotation	5

\cdot without angulation, but with limitation of rotation	1
• with shortening of the bony structure:	
· of 2 cm	1
\cdot of more than 2 to 4 cm	2
· of more than 4 cm	4
(3) Shoulder	
(i) Dislocation	
· without functional sequelae	0
• with functional sequelae	
Refer to Table 2 of ankyloses of the shoulder or of the other joints impaired.	APD
• with continuing instability	3
· recurring, requiring surgical correction	
Refer to Table 2 of ankyloses of the shoulder, without exceeding the percentage prescribed for complete ankylosis of the joint in functioning position.	APD
(ii) Replacement of the head of the humerus by a cephalic or total prosthesis	
· without functional sequelae, including shortening	5
\cdot with functional sequelae, including shortening	5
Also refer to Table 2 of ankyloses of the shoulder or of the other joints impaired.	APD
(iii) Rupture or degeneration of the rotator caul with functional sequelae	
Refer to Table 2 of ankyloses of the shoulder, without exceeding the percentage prescribed for complete ankylosis of the joint in functioning position, and to the evaluation of impairment of soft tissues.	APD

(4) Biceps

(i) Musculotendinous rupture

· not operated on	2
· operated on	2
Also Refer to Table 2 of ankyloses of the shoulder or of the other joints impaired, and to the evaluation of impairment of soft tissues.	APD
(ii) Dislocation of the long part of the biceps with functional sequelae	
Refer to Table 2 of ankyloses of the shoulder without exceeding the percentage prescribed for complete ankylosis of the joint in functioning position, and to the evaluation of impairment of soft tissues.	APD
(5) Elbow	
(i) Fracture or dislocation of the radial head without resection	
• without functional sequelae, with or without radiological change	0
\cdot with functional sequelae	
Refer to Table 3 of ankyloses of the elbow.	APD
(ii) Fracture or dislocation of the radial head with resection without replacement by prosthesis	
· without functional sequelae	2
\cdot with functional sequelae	2
Also refer to Table 3 of ankyloses of the elbow or of the other joints impaired.	APD
(iii) Fracture or dislocation of the radial head with resection and with replacement by prosthesis	
· without functional sequelae	3
· with functional sequelae	3
Also refer to Table 3 of ankyloses of the elbow or of the other joints impaired.	APD
(iv) Articular or para-articular fracture(e.g.: coronoid, olecranon, epicondyle, epitrochlea)	
· without functional sequelae, with or without radiological change	0

· with functional sequelae	
Refer to Table 3 of ankyloses of the elbow.	APD
(v) Dislocation of the elbow	
· without functional sequelae	0
· with functional sequelae	
Refer to Table 3 of ankyloses of the elbow.	APD
(vi) Partial or total prosthesis of the elbow including excision or replacement of the radial head, and including shortening	
· without functional sequelae	5
· with functional sequelae	5
Also refer to Table 3 of ankyloses of the elbow.	APD
(vii) Permanent impairment of the soft tissues in the area of the elbow	
Refer to the evaluation of impairment of soft tissues.	APD
(viii) Epicondylitis or epitrochleitis surgically treated	
· without functional sequelae	0
· with functional sequelae	
Refer to Table 3 of ankyloses of the elbow.	APD
(6) Forearm and wrist	
(i) Fracture of ulna or radius	
· without functional sequelae, with or without radiological change	0
• with axial angulation of more that 10°	
Refer to Table 4 of ankyloses of the wrist or of the other joints impaired.	APD
(ii) Resection of distal extremity of the ulna	
· without functional sequelae	2
· with functional sequelae	2

Also refer to Table 4 of ankyloses of the wrist or of the other joints impaired.	APD
(iii) Colles' fracture, Smith's fracture or other wrist fractures	
· without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 4 of ankyloses of the wrist or of the other joints impaired.	APD
(iv) Dislocation of the wrist	
· without functional sequelae 0	
· with functional sequelae	
Refer to Table 4 of ankyloses of the wrist or of the other joints impaired.	APD
(v) Fracture, dislocation, fracture-dislocation of the scaphoid bone or the lunate bone	
• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 4 of ankyloses of the wrist or of the other joints impaired.	APD
(vi) Pseudarthrosis, avascular necrosis of the scaphoid or of the lunate	
· without functional sequelae	1
· with functional sequelae	
Refer to Table 4 of ankyloses of the wrist or of the other joints impaired.	APD
(vii) Prosthesis of the scaphoid or of the lunate	
· without functional sequelae	2
· with functional sequelae	2
Also refer to Table 4 of ankyloses of the wrist or of the other joints impaired.	APD

(viii) Fracture of other wrist bones

• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 4 ankyloses of the wrist or of the other joints impaired.	APD
(ix) Carpal tunnel with or without decompression	
· without functional sequelae or electromyographic change	0
• without functional sequelae, but with electromyographic change	1
· with functional sequelae	
Refer to Chapter IV on the peripheral nervous system for sensory or motor loss in the hand.	APD

(7) The hand

Rules for evaluation of the hand:

(1) For purposes of this Division, the hand is deemed to consist of the thumb and 4 fingers.

(2) Hand deficits are evaluated per phalanx and per metacarpal.

(3) The rules for evaluation of partial or total amputation of the hand are set forth in (a) and (b) below.

The percentages of anatomicophysiological deficiencies (APD) are set forth in diagrams 1 to 5.

(4) The percentages prescribed for amputation of the hand by disarticulation at the wrist, ankyloses of the thumb and fingers and instability of the thumb are set forth in (c), (d) and (e) below under the heading HAND.

(5) For amputation of one or more fingers or the equivalent, where a finger is amputated by an employment injury, and another finger of the same hand had previously been amputated, the percentage for anatomicophysiological deficit (APD) for the finger amputated by the employment injury shall be fixed in accordance with the diagram corresponding to the total number of fingers amputated on that hand.

(a) Partial amputations

Partial amputation of one or more phalanges or metacarpals of the thumb or the fingers.

For each phalanx or metacarpal amputated 50% or less, the percentage of anatomicophysiological deficit (APD) shall be fixed at 50% of the percentage prescribed for a complete amputation of those phalanges or metacarpals.

For each phalanx or metacarpal amputated more than 50%, the percentage of anatomicophysiological deficit (APD) shall be fixed at 100% of the percentage prescribed for a complete amputation of those phalanges or metacarpals.

Also add the percentage prescribed for the D from amputation. Refer to Chapter XVIII.

(b) Total amputations

THUMB

(i) Total amputation of one or both phalanges of the thumb WITHOUT amputation of one or more fingers

For each phalanx amputated, the percentage of APD is set forth in diagram 1 of amputations of the thumb and metacarpals.

Also add the percentage prescribed for the disfigurement (D) from amputation. Refer to Chapter XVIII.

(ii) Total amputation of one or both phalanges of the thumb WITH amputation of one or more fingers

For each phalanx of the thumb amputated, the percentage of APD is set forth in diagram 1 of amputations of the hand.

Also add the percentage prescribed for the D from amputation. Refer to Chapter XVIII. FINGERS

(i) Total amputation of one or more phalanges of ONE finger of one hand

For each phalanx amputated, the percentage of APD is set forth in diagram 2 of amputations of a finger.

Also add the percentage prescribed for the D from amputation. Refer to Chapter XVIII.

(ii) Total amputation of one or more phalanges of TWO fingers of one hand

For each phalanx amputated, the percentage of APD is set forth in diagram 3 of amputations of 2 fingers.

Also add the percentage prescribed for the D from amputation. Refer to Chapter XVIII.

(iii) Total amputation of one or more phalanges of THREE fingers of one hand

For each phalanx amputated, the percentage of APD is set forth in diagram 4 of amputations of 3 fingers.

Also add the percentage prescribed for the D from amputation. Refer to Chapter XVIII.

(iv) Total amputation of one or more phalanges of FOUR fingers of one hand

For each phalanx amputated, the percentage of APD is set forth in diagram 5 of amputations of 4 fingers.

Also add the percentage prescribed for the D from amputation. Refer to Chapter XVIII.

METACARPALS (thumb or fingers)

Total or partial amputation of one or more metacarpals of the hand

For each metacarpal amputated, the percentage of APD is set forth in diagram 1 of amputations of the thumb and metacarpals. Also add the percentage prescribed for the D from amputation. Refer to Chapter XVIII.

HAND	APD %
(c) Amputation of the hand by disarticulation at the wrist	55
(d) Ankyloses	
THUMB	
(i) Complete, in functioning position	
· of the interphalangeal	5
\cdot of the metacarpophalangeal	2.5
\cdot of both thumb joints	7.5
\cdot of the trapezometacarpal	1.5
Add a percentage for any D. Refer to Chapter XVIII.	
(ii) Incomplete, in functioning position	
For the distal phalanx with anankylosed joint, for each	

For the distal phalanx with anankylosed joint, for each ankylosed joint, the percentage of APD is fixed at 50% of the percentage prescribed for a complete ankylosis of that phalanx in functioning position.

Add a percentage for any D. Refer to Chapter XVIII.

(iii) Complete or incomplete, in faulty position

For each distal phalanx with ankylosed joint, where the non-functional ankylosis is harmful to the point of warranting amputation, the percentage of APD is set forth in diagram 1 of amputations of the thumb.

Add a percentage for any D. Refer to Chapter XVIII. FINGERS

(i) Complete, in functioning position

For the distal phalanx with anankylosed joint, for each ankylosed joint of one or more fingers, the percentage of APD is fixed at 50% of the percentage prescribed in diagram 2 of amputations of a finger.

Add a percentage for any D. Refer to Chapter XVIII.

(ii) Incomplete, in functioning position

For the distal phalanx with an ankylosed joint, for each ankylosed joint of one or more fingers, the percentage of APD is fixed at 50% of the percentage prescribed for a complete ankylosis of that phalanx in functioning position.

Add a percentage for any D. Refer to Chapter XVIII.

(iii) Complete or incomplete, in faulty position

For each of the distal phalanges with an ankylosed joint on one or more fingers, where a non-functional ankylosis is harmful to the point of warranting one or more amputations, the percentage of APD is set forth in diagram 2, 3, 4 or 5 of amputations of the hand.

Add a percentage for any D. Refer to Chapter XVIII.

(e) Instability of the thumb

With or without impairment of the other fingers

· interphalangeal	5
· metacarpophalangeal	2.5
· interphalangeal and metacarpophalangeal	7.5

ANATOMICOPHYSIOLOGICAL DEFICITS (APD) FOR AMPUTATION OF THE THUMB AND METACARPALS



The APD is that shown in the diagram for the imnairment evaluated. The APD is that shown in the diagram for the impairment evaluated.

ANATOMICOPHYSIOLOGICAL DEFICITS (APD) FOR AMPUTATION FOR A FINGER



The APD is that shown in the diagram for the impairment evaluated.

ANATOMICOPHYSIOLOGICAL DEFICITS (APD) FOR AMPUTATION OF 2 FINGERS



The APD is that shown in the diagram for the impairment evaluated.

ANATOMICOPHYSIOLOGICAL DEFICITS (APD) FOR AMPUTATION OF 3 FINGERS





The APD is that shown in the diagram for the impairment evaluated.

ANATOMICOPHYSIOLOGICAL DEFICITS (APD) FOR AMPUTATION OF 4 FINGERS



The APD is that shown in the diagram for the impairment evaluated.

c) IMPAIRMENT OF SOFT TISSUES (upper limb)	APD %
Permanent impairment of soft tissues (musculoskeletal) where the sequelae are not already prescribed in the scale	
· without financial sequelae or radiological change	0
· without functional sequelae, but with radiological change	1
· with functional sequelae	2
Also refer to the table of ankyloses of the joints impaired and Table 5 of atrophies of the upper limb.	APD
(B) PELVIS	APD %
(a) FRACTURE	
(i) Consolidated without displacement	
• without functional sequelae, with or without radiological change	0
(ii) Consolidated with displacement	
· without functional sequelae	
· unilateral ischiopubic or ileopubic ramus	1
· iliac bone	1
· innominate bone	1
\cdot intra-articular fracture of the pubic symphysis without diastasis	2.5
· sacrum	1
· coccyx	1
in the absence of consolidation, add the following additional percentage	1
· with functional sequelae	
· unilateral ishiopubic or ileopubic ramus	1.5
· iliac bone	2.5
· pubic symphysis	
• with displacement of less than 2 cm	3.5
• with displacement of 2 cm and more	5.5
· sacrum with sacro-iliac impairment	3.5

· innominate bone	4
Where appropriate, add the percentages prescribed for osseous dystocia in women before menopause. Refer to Chapter VIII on the female genital system.	APD
• simple or compound acetabulum fracture with displacement, with or without central or posterior dislocation of the hip	4
Also refer to Table 6 of ankyloses of the hip or of the other joints impaired.	APD
· coccyx	
excision of the coccyx	1
(b) PARTIAL SACRO-ILIAC DISLOCATION	
· residual	3
· residual requiring arthrodesis	5
(c) SPRAINS OF SACRO-ILIAC OR OF THE PUBIC SYMPHYSIS	
Including traumatic sequelae to soft tissues (e.g., myositis, fibrositis)	
· without functional sequelae	0
\cdot with functional sequelae, but without radiological change	1.5
· with functional sequelae and radiological changes	2
(C) LOWER LIMBS	APD %
(a) AMPUTATIONS	
hemipelvectomy	70
disarticulation of the hip	60
thigh at middle third	50
disarticulation of the knee, transcondylar amputation, or amputation below the knee, not permitting the wearing of a prosthesis with patellar support	45
below the knee permitting the wearing of a prosthesis with patellar support	35
Syme's amputation	25
mediotarsal (amputation at Chopart's joint)	25
tarsometatarsal amputation (Lisfranc)	15

transmetatarsal amputation	14
amputation of all 5 toes	8
amputation of great toe	4
amputation of a phalanx of the great toe	2
total or partial amputation of the 2nd, 3rd, 4th and 5th toes, per toe	1
(b) FRACTURES, DISLOCATIONS, SPRAINS	
(1) Hip	
(i) Dislocation	
· without functional sequelae	0
· with functional sequelae	
Refer to Table 6 of ankyloses of the hip.	APD
(ii) Replacement of the head of the femur by cephalic prosthesis including shortening	
· without functional sequelae	10
• with functional sequelae 10	
Also refer to Table 6 of ankyloses of the hip.	APD
(iii) Replacement of the hip by total prosthesis including shortening	
· without functional sequelae	15
· with functional sequelae	15
Also refer to Table 6 of ankyloses of the hip.	APD
(iv) Resection of the hip (head and neck of the femur) without replacement prosthesis	40
Also refer to Table 6 of ankyloses of the hip and Table 7 of shortening and permanent muscular atrophy of the lower limbs.	APD
(2) Femur	
(i) Metaphysis	
Refer to Table 6 of ankyloses of the hip or of the other joints impaired and Table 7 for shortening and permanent muscular atrophy of the lower limbs.	APD
(ii) Diaphysis	

consolidated fracture with or without surgical reduction

· without functional sequelae, with or without radiological change	0
\cdot with axial angulation, whether single or multiple	
\cdot from 10° to 20°	4
· more than 20°	8
• with defect of internal rotation	
\cdot from 10° to 20°	5
· more than 20°	9
• with defect of external rotation	
\cdot from 10° to 20°	4
· more than 20°	7
(3) Knee	
Examination is carried out with the knee in complete or maximum extension.	

- (i) Fracture
 - of one or more tibial plateaux
 - \cdot without functional sequelae, with or without radiological change 0
 - · with functional sequelae

Refer to Table 8 of ankyloses of the knee or of the other joints impaired and Table 9 of instabilities of the knee.

of one or more condyles of the femur

- \cdot without functional sequelae, with or without radiological change 0
- with functional sequelae

Refer to Table 8 of ankyloses of the knee or of the other joints impaired and Table 9 of instabilities of the knee.

osteochondral fracture of tibial plateaux

 \cdot without functional sequelae, with or without radiological change

APD

APD

0

· with functional sequelae

Refer to Table 8 of ankyloses of the knee or of the other joints impaired and Table 9 of instabilities of the knee.	APD
of tibial spines	
· without functional sequelae, with or without radiological change	0
\cdot with functional sequelae	
Refer to Table 8 of ankyloses of the knee or of the other joints impaired and Table 9 of instabilities of the knee.	APD
of the anterior tibial tuberosity	
· without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 8 of ankyloses of the knee or of the other joints impaired and Table 9 of instabilities of the knee.	APD
(ii) Dislocation	
\cdot of the knee without functional sequelae	0
\cdot of the knee with functional sequelae	
Refer to Table 8 of ankyloses of the knee and Table 9 of instabilities of the knee.	APD
 (iii) Total prosthesis of the knee including osteo-articular shortening required for fitting prosthesis 	
· without functional sequelae	15
· with functional sequelae	15
Also refer to Table 8 of ankyloses of the knee and Table 9 of instabilities of the knee.	APD
 (iv) Partial prosthesis is the knee including osteo-articular shortening required for fitting prosthesis 	
· without functional sequelae	4
· with functional sequelae	4
Also refer to Table 8 of ankyloses of the knee and Table 9 of instabilities of the knee.	APD

(v) Arthrodesis of the knee following excision of an intra-articular prosthesis	
The evaluation is made by awarding the percentage prescribed for arthrodesis of the knee (table 8) and shortening (table 7).	APD
(vi) Meniscectomy	
· without functional sequelae	
·internal	1
· external	1
· internal and external	2
· with functional sequelae	
·internal	1
· external	1
· internal and external	2
Also refer to Table 8 of ankyloses of the knee and Table 9 of instabilities of the knee.	APD
(vii) Consolidated fracture of the rotula	
• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 8 of ankyloses of the knee, without exceeding the percentage prescrided for an arthrodesis of the knee in functioning position	APD
(viii) Complete dislocation of the rotula	
· without functional sequelae	0
· with objectified residual instability	2
• with functional sequelae requiring wearing of an orthesis or corrective surgery	4
Also refer to Table 8 of ankyloses of the knee.	APD
(ix) Rotulian or femoropatellar syndrome	2
(x) Patellectomy	
· total	

with or without replacement by prosthesis

including atrophy of the quadriceps and loss of muscular strength	
· without functional sequelae	5
· with functional sequelae	5
Also refer to Table 8 of ankyloses of the knee and Table 9 of instabilities of the knee, without exceeding the percentage prescribed for an arthrodesis of the knee in functioning position.	APD
· partial	
· without functional sequelae	1
· with functional sequelae	1
Also refer to Table 8 of ankyloses of the knee and Table 9 of instabilities of the knee, without exceeding the percentage prescribed for an arthrodesis of the knee in functioning position.	APD
(4) Leg	
Consolidated fracture of one or more leg bones with or without surgical reduction	
\cdot without functional sequelae, with or without radiological change 0	
\cdot with axial angulation of the tibia (single or multiple)	
\cdot from 10° to 15°	5
\cdot more than 15°	8
• with defect of internal rotation	
\cdot from 10° to 20°	4
• more than 20°	8
• with defect of external rotation	
\cdot from 10° to 20°	2
• more than 20°	5
(5) Ankle and foot	
(i) Simple sprain, compartmented or avulsive fracture, single, double or triple malleolar fracture with or without surgical reduction, consolidated	
• without functional sequelae, with or without radiological change	0
• with functional sequelae, including diastasis	2

Also refer to Table 10 of ankyloses of the ankle and foot, without exceeding the percentage prescribed à for a tibiotarsal arthrodesis in functioning position.	APD
 (ii) Total prosthesis of the ankle, including osteo-articular shortening required for fitting the prosthesis, without functional sequelae 	5
 (iii) Total prosthesis of the ankle, including osteo-articular shortening required for fitting the prosthesis, with functional sequelae 	5
Also refer to Table 10 of ankyloses of the ankle and the foot, without exceeding the percentage prescribed for a panarthrodesis	APD
(iv) Arthrodesis of the ankle following excision of an intra-articular prosthesis	
Refer to Table 10 of ankyloses of the ankle and foot.	ADD
(v) Chronic radiologically proved instability of the ankle	2
5.1 Talus	
Avulsive, compartmented fracture of the corpus or of the collum, consolidated	
• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 10 of ankyloses of the ankle and foot, without exceeding the percentage prescribed for a tibiotarsal arthrodesis or a subastragal and mediotarsal arthodesis in functioning position.	APD
5.2 Calcaneum	
Consolidated intra or extra-articular fracture	
· without functional sequelae, with or without radiological change	0
· making the wearing of a shoe difficult	1.5
· with functional sequelae (articular incongruity)	
Refer to Table 10 af ankyloses of the ankle and foot, without exceeding the percentage prescribed for a tibiotarsal arthrodesis in functioning position	APD
5.3 Other bones (scaphoid, cuboid, cuneate)	

Consolidated fracture of such bones

· without functional sequelae, with or without radiological change	0
• with functional sequelae	
Refer to Table 10 af ankyloses of the ankle and the foot, without exceeding the percentage prescribed for an arthrodesis of the ankle and the foot in functioning position.	APD
5.4 Metatarsals	
(i) Isolated fracture of one or more matatarsals, consolidated	
• without functional sequelae, with or without radiological change	0
• without functional sequelae causing difficulty in walking; per metatarsal	1.5
(ii) Resection of heads of 1st and 5th metatarsals	10
(iii) Resection of head of 1st metatarsal	6
(iv) Resertion of head of 5th metatarsal	4
(v) Resection of heads of 2nd, 3rd and 4th metatarsals; per head	1
(vi) Resection of exostosis	1
(c) IMPAIRMENT OF SOFT TISSUES (lower limb)	
Permanent impairment of soft tissues (musculoskeletal) where the sequelae are not provided for in the scale	
• without functional sequelae, or radiological change	0
· with functional sequelae, but with radiological change	1
· with functional sequelae	2
Also refer to the table of ankyloses of the joints impaired and Table 7 of trophy of the lower limbs.	APD
(D) SPINE	APD
(a) CERVICAL COLUMN	%
(1) Sprain	
· without objectified functional sequelae	0
 with objectified functional sequelae with or without radiological change 	2

(2) Fracture

(i) Consolidated compartmented fracture	
· without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 11 of permanent ankyloses of the cervical column.	APD
(ii) Consolidated fracture by crushing of a vertebral body	
· less than 25% of the vertebral body	2
·25% or more of the vertebral body	4
 (iii) Consolidated fracture of a vertebral body with radiologically proved instability, but without neurological sequelae and not stabilized by grafting after one year 	6
 (iv) Fracture(s) of one or more vertebral bodies stabilized by grafting or implant; per area grafted 	3
Also refer to Table 11 of ankyloses of the cervical column.	APD
 (v) Consolidated fracture(s) of one or more vertebral bodies with functional sequelae, without neurological sequelae 	
Refer to Table 11 of ankyloses of the cervical column.	APD
(vi) Consolidated fracture(s) of one or more vertebral bodies with neurological sequelae	
Evaluate by adding the percentages prescribed for the fractures, the ankyloses and the neurological sequelae	APD
(vii) Dislocation and fracture-dislocation	
Evaluate by adding the percentages prescribed for the ankyloses and the neurological sequelae.	APD
 (viii) Consolidated isolated fracture of one or more elements (pedicle, transverse or spinous process, lamina) 	
• without financial sequelae, with or without radiological change	0
\cdot with functional sequelae	
Refer to Table 11 of ankyloses of the cervical column.	APD

(ix) Excision of one or more posterior elements (pedicle,

transverse or spinous process, lamina)

· without functional sequelae	0
· with functional sequelae	1
Also refer to Table 11 of ankyloses of the cervical column.	APD
(x) Pseudarthrosis of the atlas without instability	5
(xi) Pseudarthrosis of the atlas with instability	10
(xii) Bone graft of the occiput at C2 or C3	20
(xiii) Consolidated fracture of the odontoid	
• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 11 of ankyloses of the cervical column.	APD
(xiv) Radiologically proved pseudarthrosis of the odontoid	
· without instability	5
· with instability	10
(3) Other cervical pathologies	
(i) Hernia of intervertebral disk not operated on, proved clinically and by specific tests	
Also add the percentage prescribed for ankyloses and neurological sequelae.	
Refer to Table 11 of ankyloses of the cervical column and to chap. IV.	APD
(ii) Objectified instability without any fracture	3
(iii) Anterior or posterior cervical discoidectomy with or without graft	
· without objectified functional sequelae; per area	3
• with functional sequelae; per area	3
Also add the percentage prescribed for the ankyloses (table 11) and the neurological sequelae, chap. IV.	APD
(iv) Chemonucleolysis; per area	2
(v) Surgical cervical discoidectomy after chemonucleolysis; per area	2

Also refer to Table 11 of ankyloses of the cervical column.	APD
 (vi) Partial exploratory or decompressive unilateral or bilateral laminectomy without discoidectomy; per lamina 	1
Also refer to Table 11 of ankyloses of the cervical column.	APD
(vii) Total exploratory or decompressive laminectomy (posterior arch: lamina and spinous process); per posterior arch	3
Also refer to Table 11 of ankyloses of the cervical column.	APD
(viii) Cervical graft by posterior passage; per area grafted	3
Also refer to Table 11 of ankyloses of the cervical column.	APD
Add any percentage prescribed for neurological sequelae, chap. IV.	APD
(b) DORSOLUMBAR COLUMN	
(1) Sprain	
(including traumatic injuries to soft tissues and the facet syndrome)	
· without objectified functional sequelae	0
• with objectified functional sequelae, with or without radiological change	2
(2) Fracture	
(i) Consolidated compartmented fracture	
• without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 12 of ankyloses of the dorsolumbar column.	APD
(ii) Consolidate fracture by crushing of a vertebral body without functional sequelae or instability	
· less than 25% of the vertebral body	2
\cdot 25% or more of the vertebral body	4
(iii) Consolidated fracture(s) of one or more vertebral bodies	
with radiologically proved instability, but without neurological sequelae and not stabilized by grafting after one year	6

\cdot with functional sequelae, but without neurological sequelae	
Refer to Table 12 of ankyloses of the dorsolumbar column.	APD
\cdot with neurological sequelae	
Evaluate by adding the percentage prescribed for the fracture(s), ankyloses (table 12) and neurological sequelae, chap. IV.	APD
(iv) Fracture(s) of one or more vertebral bodies stabilized by grafting or implant; per area grafted	3
Also refer to Table 12 of ankyloses of the dorsolumbar column.	APD
(v) Dislocation(s), fractures-disolocation(s)	
Evaluate by adding the percentages prescribed for the ankyloses, the instability and the neurological sequelae, chap. IV.	APD
 (vi) Consolidated isolated fracture of one or more posterior elements (pedicle, transverse or spinous process, lamina) 	
· without functional sequelae, with or without radiological change	0
· with functional sequelae	
Refer to Table 12 of ankyloses of the dorsolumbar column.	APD
(vii) Excision of one or more posterior elements(pedicle, transverse or spinous process, lamina)	
· without functional sequelae	0
· with functional sequelae	1
Also refer to Table 12 of ankyloses of the dorsolumbar column.	APD
(3) Other dorsal, lumbar or sacral pathologies	
 (i) Hernia of intervertebral disk not operated on, proved clinically and by specific tests 	2
Also add the percentages prescribed for ankyloses and neurological sequelae. Refer to Table 12 of ankyloses of the dorsolumbar column and to chap. IV.	APD
(ii) Dorsal, lumbar or lumbosacral discoidectomy	
· without objectified functional sequelae; per area	3
· with functional sequelae; per area	3

Also add the percentages prescribed for

ankyloses and neurological sequelae. Refer to Table 12 of ankyloses of the dorsolumbar column and to chap. IV.	APD
(iii) Chemonucleolysis; per area	2
(iv) Dorsal, lumbar or lumbosacral surgical discoidectomy after chemonucleolysis; per area	2
Also refer to Table 12 of ankyloses of the dorsolumbar column.	APD
 (v) Partial exploratory or decompressive laminectomy without discoidectomy; per lamina 	1
(vi) Total exploratory or decompressive laminectomy (posterior arch; lamina and spinous process); per posterior arch	3
Also refer to Table 12 of ankyloses of the dorsolumbar column.	APD
(vii) Dorsal, lumbar or lumbosacral graft for other pathologies; per area grafted	3
Also refer to Table 12 of ankyloses of the dorsolumbar column.	APD
(viii) Objectified instability without any fracture	3
 (ix) Pachymeningitis or perineural fibrosis objectified by specific tests 	2
(E) THORACIC CAGE	
	APD %
(a) FRACTURES OF THE STERNUM	
(i) CONSOLIDATED FRACTURE	
• without functional sequelae, with or without radiological change	0
• with functional sequelae	2
· with sternoclavicular dislocation	
· without functional sequelae	1
• with functional sequelae	1.5
Also refer to the table of ankyloses of the joint(s) impaired.	APD
(ii) Pseudarthrosis of the sternum	2
(iii) Xiphoid process (resection)	1

(iv) Costosternal syndrome

(b) RIB FRACTURES

Percentages are the same for one or more fractured ribs

(i) Consolidated or unconsolidated fracture(s)

- · without functional sequelae, with or without radiological change 0
- with minor functional sequelae (intercostal neuralgia, chondrosternal or costovertebral repercussions)
- \cdot with major sequelae having repercussions on cardiorespiratory functions
- Refer to the system(s) involved. APD
- (c) THORACOCENTESIS
- (d) THORACIC DRAINAGE(e) THORACOTOMY

TABLE 2

PERMANENT ANKYLOSES OF THE SHOULDER

APD	
%	

(A) COMPLETE IN FUNCTIONING POSITION	
· without movement of scapula	35
· with movement of scapula	25

- (B) INCOMPLETE
- (a) Adduction

(normal from 0° to 180° including scapula movements)

Lost	Retained	
0°	180° (normal)	0
20°	160°	1
40°	140°	2
60°	120°	3
80°	100°	4
100°	80°	5

1.5

0

0 5

120°	60°	6
140°	40°	7
160°	20°	9
180°	0°	10

(b) Front elevation

(normal from 0° to 180°)

Lost	Retained	
0°	180° (normal)	0
20°	160°	1
40°	140°	1.5
60°	120°	2
80°	100°	2.5
100°	80°	3
120°	60°	3.5
140°	40°	4
160°	20°	5
180°	0°	6

(c) External rotation

External rotation movements are measured with the patient lying down or standing, and the shoulder in abduction at 90° (normal from 0° to 90°).

Lost	Retained	
0°	90° (normal)	0
20°	70°	1
40°	50°	2
60°	30°	3
90°	0°	4

(d) Internal rotation

Internal rotation movements are measured with the patient lying down or standing, and the shoulder in abduction at

90° (normal from 0° to 40°).

Lost	Retained	
0°	40° (normal)	0
10°	30°	1
20°	20°	2
40°	0°	3

(e) External rotation where abduction at 90° is impossible

Movements are measured with the arm alongside the body and the elbow bent at 90° (normal from 0° to 45°).

Lost	Retained	
0°	45° (normal)	0
5°	40°	1
15°	30°	2
30°	15°	3
45°	0°	4

(f) Internal rotation where abduction at 90° is impossible

Movements are measured with the arm alongside the body, and the elbow bent at 90° (normal from 0° to 40°).

Lost	Retained	
0°	40° (normal)	0
10°	30°	1
20°	20°	2
40°	0°	3

(g) Extension

Retropulsion (normal from 0° to 40°)

complete absence	1	
(h) Adduction		

(normal from 0° to 20°)

loss of 10° or more 1

TABLE 3

PERMANENT ANKYLOSES OF THE ELBOW

Where the complete ankylosis of the elbow is not in the functioning position, that is, 100° , refer to the evaluation in: (E) Complete ankylosis with pronation and supination retained; (F) Complete ankylosis of the elbow in functioning position (100°) with loss of pronation; and (G) Complete ankylosis of the elbow in functioning position (100°) with loss of supination; the highest APD of the 3 evaluation is used.

APD %

(A) FLEXION

Flexion is measured from 0° or from the limit of extension to 150° or to the limit of flexion:

Flextion to

0°	23
10°	22
20°	20
30°	19
40°	17
50°	16
60°	14
70°	13
80°	11
90°	10
100°	8
110°	6
120°	5
130°	3
140°	2
150° (normal)	0

(B) EXTENSION

Extension is measured from 150° or from the limit of flexion to 0° or to the limit of extension:

Extension to

0° (normal)	0
10°	1
20°	2
30°	4
40°	5
50°	6
60°	7
70°	8
80°	10
90°	11
100°	12
110°	13
120°	14
130°	16
140°	17
150°	18

(C) ISOLATED PRONATION (normal from 0° to 80°)

Lost	Retained	
80°	0°	8
70°	10°	7
60°	20°	6
50°	30°	5
40°	40°	4
30°	50°	3
20°	60°	2
10°	70°	1

0°	80° (normal)

0

(D) ISOLATED SUPINATION (normal from 0° to 80°)

Lost	Retained	
80°	0°	8
70°	10°	7
60°	20°	6
50°	30°	5
40°	40°	4
30°	50°	3
20°	60°	2
10°	70°	1
0°	80° (normal)	0
(E) COMPLETE ANK	YLOSIS WITH PRONATION AND SUPINATION RI	ETAINED

Lost

0° (neutral position)	39
10°	38
20°	37
30°	36
40°	35
50°	34
60°	33
70°	32
80°	31
90°	31
100° (functioning position)	30
110°	35
120°	41
130°	46

140°	52
150° (maximum flexion)	57
(F) COMPLETE ANKYLOSIS OF THE ELBOW IN FUNCTIONING POSITION (100°) WITH LOSS OF PRONATION)

The APD includes complete ankylosis of the elbow and loss of pronation.

Lost

0° (neutral position)	39	
10°	41	
20°	44	
30°	46	
40°	48	
50°	50	
60°	53	
70°	55	
80° (absence of pronation)	57	
(G) COMPLETE ANKYLOSIS OF THE ELBOW IN FUNCTIONING POSITION (100°) WITH LOSS OF SUPINATION		

The APD includes complete ankylosis of the elbow and loss of supination.

Lost

0° (neutral position)	39
10°	41
20°	44
30°	46
40°	48
50°	50
60°	53
70°	55
80° (absence of supination)	57

TABLE 4

PERMANENT ANKYLOSES OF THE WRIST

	APD %
(A) COMPLETE	
Complete ankylosis in functioning position from 0° to 20° of dorsiflexion, in neutral position of radial or cubital inclination	8
Complete ankylosis in faulty position, more than 10° of cubital or radial deviation or more than 30° of dorsiflexion or palmar flexion	12
(B) INCOMPLETE	
Examination is carried out with the elbow in complete extension.	
· Dorsiflexion or extension (normal from 0° to 60°)	
up to 60° (normal)	0
up to 40°	1
up to 20°	2
nil	3
· palmar flexion (normal from 0° to 70°)	
up to 70° (normal)	0
up to 60°	1
up to 40°	2
up to 20°	3
· cubital inclination	
(normal from 0° to 30°)	
completely nil	1
· radial inclination	
(normal from 0° to 20°)	
completely nil	1
TABLE 5	
PERMANENT MUSCULAR ATROPHY OF UPPER LIMBS	
Permanent muscular atrophy, 3 cm or more, measured at mid-arm, including any resulting muscular weakness	3.5
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Permanent muscular atrophy, 2 cm or more, measured at the upper third of the forearm, including any resulting muscular weakness	2.5
TABLE 6	
PERMANENT ANKYLOSES OF THE HIP	
	APD %
(A) COMPLETE	
\cdot Complete ankylosis of the hip in straight position at 0° and up to 20° of flexion, adduction and external rotation	30
\cdot Complete ankylosis of the hip in faulty position, more than 20° of abduction or external rotation, or more than 10° of adduction or internal rotation, or more than 20°	25
of flexion	35
(B) INCOMPLETE	
· flexion (normal 0° to 120°)	
up to 120° (normal)	0
up to 110°	1
up to 100°	2
up to 90°	3
up to 70°	4
up to 50°	6
up to 30°	8
up to 20°	10
up to 0°	12
Extension of the hip is measured in the ventral position	
\cdot extension (normal 0° to 30°)	
up to 30° (normal)	0
up to 15°	1
0°	2

· internal rotation (normal 0° to 40°)	
up to 40° (normal)	0
up to 30°	1
up to 10°	2
0°	3
\cdot external rotation (normal 0° to 50°)	
up to 50° (normal)	0
up to 30°	2
up to 15°	3
0°	5
\cdot abduction (normal 0° to 40°)	
up to 40° (normal)	0
up to 20°	3
0°	6
\cdot abduction (normal 0° to 20°)	
up to 20° (normal)	0
up to 10°	1
0°	2

 TABLE 7

 SHORTENING AND PERMANENT MUSCULAR ATROPHY OF A LOWER LIMB

	APD %
(A) SHORTENING	
Shortening of the bone structure of a lower limb	
1.5 cm or less (normal variation)	0
more than 1.5 cm and less than 2.5	2
2.5 cm and less than 3.5	3
3.5 cm and less than 4.5	4
4.5 cm and less than 5.5	6

5.5 cm and less than 6.5	8
6.5 cm and less than 7.5	10
7.5 cm or more	15
(B) ATROPHY	
Permanent muscular atrophy of 3 cm or more, measured 15 cm above the upper pole of the patella, including any muscular weakness resulting therefrom	3
Permanent muscular atrophy of 2 cm or more, measured 15 cm below the lower pole of the patella, including any muscular weakness resulting therefrom	2
TABLE 8	
PERMANENT ANKYLOSES OF THE KNEE	
	APD %
(A) COMPLETE	
Complete ankylosis of the knee in slight flexion of 10° with or without patellectomy, without varus or valgus, including actual shortening of 3 cm or less and permanent and secondary muscular atrophy of the thigh	20
Complete ankylosis of the knee in correct position, but with shortening of more than 3 cm, add to the preceding:	
• more than 3 cm and less than 4.5	2
· 4.5 cm and less than 5.5 cm	4
\cdot 5.5 cm and less than 6.5 cm	6
For complete ankylosis with concomitant deformities of more than 10°, an additional APD of 2% is awarded for each of the following deformities, with a maximum of 6%.	
· recurvatum	2
· varus	2
·valgus	2
· rotation	2
(B) INCOMPLETE	
·Flexion	
Refer to the maximum flexion up to 130°.	
up to 130° (normal)	0

up to 120°	1
up to 110°	2
up to 90°	4
up to 75°	5
up to 60°	6
up to 45°	8
up to 30°	10
up to 15°	15
0°	20
·Extension	
Refer to the maximum extension up to 0°.	
0° (normal)	0
up to 5°	1
up to 10°	4
up to 20°	7
up to 25°	8
up to 35°	10
up to 50°	30
more than 50°	45
For incomplete ankylosis with concomitant deformities of more than 10°, an additional APD of 2% is awarded for each of the following deformities, with a maximum of 6%.	
· recurvatum	2

·varus	2
·valgus	2
· rotation	2

TABLE 9

INSTABILITIES OF THE KNEE

· Slight laxity without functional sequelae	1
· Slight symptomatic ligamentary laxity	2
• Symptomatic ligamentary instability not requiring the wearing of an orthesis	5
• Simple or complex instability requiring the wearing of an orthesis for certain work or recreation activities	10
• Simple or complex instability requiring the wearing of a functional orthesis for all activities	15
· Ligamentary instability accompanied by functional sequelae	
The percentage prescribed for each of the sequelae is added, but their sum must not exceed the percentage prescribed for arthrodesis of the knee in functioning position.	APD
TABLE 10	

PERMANENT ANKYLOSES OF ANKLE AND FOOT

APD
%

(A) COMPLETE

tibiotarsal

• in neutral position or plantar flexion up to 10° without inversion or eversion	12
· dorsiflexion at 10°	15
· dorsiflexion at 20°	25
· plantar flexion at 20°	14
· plantar flexion at 30°	18
· plantar flexion at 40°	20
· subastragal only, in correct position	5
· subastragal and mediotarsal (triple arthrodesis)	8
· tibiotarsal and subastragal	17
· tibiotarsal, subastragal and . mediotarsal (panarthrodesis)	20
· tarsometatarsal	4
· metatarsophalangeal of great toe in functioning position	2

· interphalangeal of great toe	1
· interphalangeal of other toes (resection or arthroplasty); per toe	0.5
The following percentages are added for any single or multiple deformity of more than 5° (varus, valgus or other) for one or more joints having incurred arthrodesis (total)	3
(B) INCOMPLETE	
· Tibiotarsal	
The complete arc of movement is 60° as follows:	
· 20° of dorsiflexion · 40° of plantar flexion	
loss of 60°	12
loss of 40°	7
loss of 30°	5
loss of 20°	3
loss of 10°	2
loss of less than 10°	1
normal	0
· subastragal	
· loss of less than 50% of movements	2
· loss of 50% or more of movements	3
\cdot mediotarsal \cdot loss of less than 50% of movements	1
· loss of 50% or more of movements	2
TABLE 11	
PERMANENT ANKYLOSES OF CERVICAL COLUMN	
	APD %
(A) COMPLETE PERMANENT ANKYLOSIS	20
(B) INCOMPLETE ANKYLOSIS	
· Anterior flexion(normal 0° to 40°)	
· loss of less than 25%	1

\cdot loss of 25% to less than 50%	1.5
· loss of 50% or more	3
· Extension (normal 0° to 30°)	
· loss of less than 25%	1
\cdot loss of 25% to less than 50%	1.5
· loss of 50% or more	3
· Lateral flexion (normal 0° to 40°)	
· right	
· loss of less than 25%	1
\cdot loss of 25% to less than 50%	1.5
· loss of 50% or more	2
· left	
· loss of less than 25%	1
\cdot loss of 25% to less than 50%	1.5
· loss of 50% or more	2
\cdot rotation (normal 0° to 60°)	
· right	
· loss of less than 25%	1
\cdot loss of 25% to less than 50%	3
· loss of 50% or more	5
·left	
· loss of less than 25%	1
\cdot loss of 25% to less than 50%	3
· loss of 50% or more	5
TABLE 12	

PERMANENT ANKYLOSES OF THE DORSOLUMBAR COLUMN à

	APD %
(A) COMPLETE PERMANENT ANKYLOSIS	30

(B) INCOMPLETE ANKYLOSIS

· Anterior flexion (normal 0° to 90°)

Lost	Retained	
90°	0°	9
60°	30°	7
40°	50°	5
20°	70°	3
0°	90° (normal)	0
· Extension (norma	l 0° to 30°)	
Lost	Retained	
30°	0°	3
20°	10°	2
10°	20°	1
0°	30° (normal)	0
· Right lateral flexi	on (normal 0° to 30°)	
Lost	Retained	
30°	0°	4
20°	10°	2
10°	20°	1
0°	30° (normal)	0
· Left lateral flexio	on (normal 0° to 30°)	
Lost	Retained	
30°	0°	4
20°	10°	2
10°	20°	1
0°	30° (normal)	0
· Right rotation (ne	ormal 0° to 30°)	
Lost	Retained	
30°	0°	5
20°	10°	3

10°	20°	1
0°	30° (normal)	0
\cdot Left rotation (normal 0° to 30°)		
Lost	Retained	
30°	0°	5
20°	10°	3
10°	20°	1
0°	30° (normal)	0

EXAMPLES APPLYING TO CHAPTER I

These examples illustrate the application of the principles laid down in the Act and in the Scale

	APD %	SLEL %	D %	SLEL %
(1) Amputation of both legs at mid-thigh				
 Lower right leg Lower left leg Bilaterality 	$50 \\ 50 \\ 50 \\ \hline 150 +$	- 75 +	$12 \\ 12 \\ 0 \\ \hline 24 +$	<u> </u>
The total of the percentages fixed is 255%.				
The principle of bilaterality applies solely to the APD (cf. special rules at the beginning of Chapter I).				
Note: Even where the percentage exceeds 100%, the health professional who made the evaluation shall indicate the total of the percentages he has fixed for purposes of calculating the sum prescribed by section 87 of the Act (ch. Scale of Bodily Injuries Regulation).				
	APD %	SLEL %	D %	SLEL %

(2) Amputation of 3 phalanges of the right index finger and the left ring finger

· Right index finger	5	1.5	
· Left ring finger	3	1.5	
· Bilaterality	3	0	
	11 + 2.2	-+	0.3 = 16.5%

The total of the percentages fixed is 16.5%.

The principle of bilaterality applies solely to the APD (cf. special rules at the beginning of Chapter I).

	APD %	SLEL %	D %	SLEL %
(3) Arthrodesis of the left wrist in functioning position and internal meniscectomy of the right knee				
• Arthrodesis of the left wrist in functioning position with flat 4 cm scar • Internal meniscectomy of the right knee	8		0	
without functional sequelae, with faulty $1.8 \text{ cm}^2 \text{ scar} \cdot \text{Bilaterality}$	1 0		1.8 0	
	9	+ 1.35 +	1.8	+ 0.1 = 12.25%
The total of the percentages fixed is 12.25%.				
The principle of bilaterality does not apply, since the sequelae affect an upper limb and a lower limb (cf. special rules at the beginning of Chapter I).				
	APD %	SLEL %	D %	SLEL %
(4) Scars on right arm and restricted extension of the left elbow with slight deformation				
• 1 cm ² faulty scar on right arm • Restriction of extension of left elbow we to 40° with elight elight elight	0		0.5	
and summetry and flat 6 cm scar • Bilaterality	5 0		0 0	
-	5 -	- 0.75 +	0.5	$+ \overline{0.01} = 6.26\%$

The total of the percentages fixed is 6.26%.

The principle of bilaterality does not apply, since the anatomicophysiological sequelae (APD) affect only one limb (cf. special rules at the beginning of Chapter I).

	APD %	SLEL %	D %	SLEL %
(5) Amputation of 2 phalanges of the right middle finger and one and a half phalanges (more than 50% of the phalanx) of the right ring finger				
 Right middle finger Right ring finger 3.6 1 Bilaterality 0 0 	4.8		1	
	8.4 +	- 1.2 + -	2 -	+ 0.2 = 11.8%
The total of the percentages fixed is 11.8%.				
The principle of bilaterality does not apply because the sequelae affect 2 fingers on the same hand (cf. special rules at the beginning of Chapter I).				
	APD %	SLEL %	D %	SLEL %
(6) Amputation of the 3 phalanges of the left little finger at the time of a previous non-work accident, with amputation of the distal phalanx of the right middle finger following a work accident				
· Right middle finger	1.6		0.5	
· Bilaterality	1.6		0	
	3.2 +	0.3 +	0.5	+ $\overline{0.01} = 4.01\%$
The total of the manual terms of a d				

The total of the percentages fixed is 4.01%.

Since the left little finger was amputated at the time of a previous non-work accident, the percentage of APD awarded for that finger (2%) may not be added to the percentage of APD fixed for the right middle finger; the fixing of a percentage of APD for the left little finger is used solely to calculate bilaterality (cf. special rules at the beginning of Chapter I).

	APD %	SLEL %	D %	SLEL %	
(7) Complete ankylosis in functioning position of the distal interphalangeal joint of the index finger, without scarring or deformation	1	0.1	0	0	
The total of the percentages fixed is 1.1%.					
(8) Complete ankylosis in functioning position of the proximal interphalangeal joint of the index finger, without scarring or deformation	1	0.1	0	0	
is 1.1%.					
	APD %	SLEL %	D %	SLEL %	
(9) Complete ankylosis in functioning position of the 2 interphalangeal joints of the index finger, without scarring or deformation The total of the percentages fixed	2	0.2	0	0	
is 2.2%.					
	APD %	SLEL %	D %	SLEL %	
(10) Complete ankylosis in functioning position of the 3 joints of the index finger, without scamng or deformation	2.5	0.2	0	0	
The total of the percentages fixed					

	APE %		SLEL %		D %	SLEL %	
(11) Complete ankylosis in functioning position of the distal interphalangeal joint of the right middle finger and the right little finger, without scarring or deformation							
· distal interphalangeal joint of middle finger	0.8				0	0	
· distal interphalangeal joint of little finger	0.4				0	0	
6.							
	1.2	+	0.1	+	0	+ <u>0</u> = 1	.3%
The total of the percentages is fixed at 1.3%							
	APD %		SLEL %		D %	SLEL %	
(12) Complete ankylosis in functioning position of the proximal interphalangeal joint of the right middle finger and the right little finger, without scarring or deformation							
• proximal interphalangeal joint of the middle finger	0.8				0	0	
• proximal interphalangeal joint of the little finger	0.4				0	0	
č							
	1.2	+	0.1	+	0	+ 0	= 1.3%
The total of the percentages fixed is 1.3%							
	APD		SLEL		D	SLEL	

of the left middle finger and the left little finger, without scarring or deformation • proximal and distal interphalangeal

joints of middle finger	1.6				0	0
joints of little finger	0.8				0	0
	2.4	+	0.2	+	0	+ $0 = 2.6\%$
The total of the percentages fixed is 2.6%.						
	APD %		SLEL %		D %	SLEL %
(14) Complete ankylosis in functioning position of the 3 joints of the middle finger and the little finger • metacarpophalangeal, proximal and dista	ıl					
interphalangeal joints of middle finger metacarpophalangeal, proximal and dista	2 11				0	0
interphalangeal joints of little finger	1				0	0
	3	+	0.3	+		+ <u>0</u> = 3.3%
The total of the percentages fixed is 3.3%.						
	APD %		SLEL %		D %	SLEL %
(15) Complete ankylosis in functioning position of the distal interphalangeal joint of the ring finger, with faulty 0.8 cm ² scar	0.6	+	0.01	+	0.8	+ 0.01 = 1.42%
The total of the percentages fixed is 1.42%.						
	APD %		SLEL %		D %	SLEL %
(16) Incomplete ankylosis of the proximal interphalangeal joints of the middle finger and of the left little finger, with slight deformation and faulty 0.6 cm ² scar on the little finger						
• middle finger	0.4				$0 \\ 0.6$	
nute filiger	0.2	+	0.01	+	0.6	+ 0.01 = 1.22%

The total of the percentages fixed is 1.22%.

CHAPTER II

MAXILLOFACIAL SYSTEM

RULE APPLYING TO THIS CHAPTER

(1) **Bilaterality**

In this Chapter, the percentages resulting from calculation of bilaterality, as a consequence of permanent impairment of symmetrical organs, have already been integrated. They are indicated under each sequela. Where there is no such indication, the principle of bilaterality does not enter into the calculation.

(2) Where the ankylosis of a joint falls between 2 measures indicated in the scale, reference is made to the next higher measure of analomicophysiological deficit (APD).

APD %

(A) UPPER MAXILLARY

(a) PALATE AND DENTAL ARCH

(i) Loss of substance

20
10
3
5
1
10
3
3
APD
4

Refer to Table 13 for any ankyloses of the

temporomandibular joints, without exceeding the percentages prescribed for a complete ankylosis of those joints.	APD
(iii) Faulty consolidation	
• with severe malocclusion and unilateral or bilateral temporomandibular dysfunction	5
Refer to Table 13 for any ankyloses of the temporomandibular joints, and Table 14 for dental alteration and loses.	APD
• with slight permanent unilateral or bilateral malocclusion	2
Add any percentages prescribed in Table 14 for dental alterations and losses.	APD
• with obstruction of the rhinopharynx and tubal dysfunction	3
(iv) Adequate consolidation, but with periodontal problems	5
(b) NOSE	
(1) External nose (except skin and teguments)	2
(i) Loss of substance	
· nasofrontal and ascending process	
· without functional sequelae	0.5
• with functional sequelae	5
· triangular and alar cartilage	
· without functional sequelae	0.5
• with functional sequelae	5
(ii) Faulty consolidation	
· without functional sequelae	0.5
\cdot with functional sequelae	0.5
Also add the percentages prescribed for sequelae in the internal nose.	APD
(2) Internal nose	
(i) Airways problems	
· unilateral	1

· bilateral	3
(ii) Trophic problems	
· local (crusts, dryness)	1
· remote (pharynx)	1
(iii) Perforation of the nasal septum 1	
(3) Sinus: ethmoid, frontal, maxillary and sphenoidal	
(i) Sequelae of sinusectomy	
· frontal, radical	
· unilateral	1
· bilateral	3
· maxillary	
· unilateral	1
• bilateral	3
· ethmoid	
· unilateral	2
• bilateral	6
·sphenoidal	
· unilateral	2
• bilateral	6
(B) LOWER MAXILLARY	
(a) COLLUM OF CONDYLE	
(i) Consolidated fracture	
• without functional sequelae, with or without radiological change	0
(ii) Loss of substance resulting in unilateral or bilateral temporomandibular dysfunction	3
Also refer to Table 13 of ankyloses of the temporomandibular joints, without exceeding the percentages prescribed for complete ankylosis of those joints.	APD
(iii) Pseudarthrosis	
· without objectified functional sequelae	1

• with functional sequelae	3
Add any percentages prescribed in Table 14 for dental alterations and losses.	APD
(iv) Faulty consolidation with impairment in the temporomandibular joints	
Refer to Table 13 of temporomandibular ankyloses, without exceeding the percentage prescribed for complete ankylosis of those joints.	APD
(b) ASCENDING RAMUS	
(i) Consolidated fracture	
• without functional sequelae, with or without radiological change	0
(ii) Loss of substance without solution of continuity of mandibular arch	2
(iii) Loss of substance with pseudarthrosis	5
(iv) Faulty consolidation	
• with slight malocclusion without temporomandibular dysfunction	3
• with severe malocclusion and temporomandibular dysfunction	5
Refer to Table 13 for any ankyloses of the temporomandibular joints, without exceeding the percentage prescribed for complete ankylosis of those joints.	APD
(c) HORIZONTAL RAMUS AND SYMPHYSIS	
(i) Consolidated fracture	
• without functional sequelae, with or without radiological change	0
(ii) Partial loss of substance of dental arch allowing a prosthesis to be worn	3
Refer to Table 13 for any ankyloses of the temporomandibular joints, without exceeding the percentage prescribed for complete ankylosis of those joints and Table 14 for any dental alterations and losses.	APD
(iii) Loss of substance with severe pseudarthrosis	10
Refer to Table 13 for any ankyloses of the	

temporomandibular joints, without exceeding the percentage prescribed for complete ankylosis of those joints.	APD
Add any percentages prescribed in Table 14 of dental alterations and losses.	APD
(iv) Faulty consolidation	
with slight malocclusion without temporomandibular dysfunction	2
with severe malocclusion and temporomandibular dys function	10
Also refer to Table 13 of ankyloses of the temporomandibular joints, without exceeding the percentage prescribed for complete ankylosis of those joints.	APD
(C) ZYGOMA AND MALAR BONE	
Fracture	
• without functional sequelae, with or without radiological change	0
• with functional sequelae to outer canthus	3
• with impairment of orbital walls	3
Also refer to Chapter V on the visual system for diplopia, enophthalmos and exophthalmos.	APD
• with mechanical block, (limitation of half of the lower maxillary)	3
Also refer to Table 13 of ankyloses of the temporomandibular joints, without exceeding the percentage prescribed for complete ankylosis of those joints.	APD
(D) ORBIT: FRAMEWORK, WALL, CONTENT	
Fracture	
• without functional sequelae, with or without radiological change	0
• with functional sequelae	
· with displacement of canthus	
· inner	3
· outer	3
· with impairment of orbital walls	

Refer to Chapter V on the visual system for diplopia, enophthalmos and exophthalmos.	APD
(E) SALIVARY GLANDS	
Loss of salivary tissue without functional sequelae	0.5
Loss of salivary tissue with hyposalivation	3
(F) TONGUE	
Loss of substance	
in front of lingual «V»	
· lateral edge and tip	1
· lateral edges	3
· mid part	1
\cdot base of the tongue	1
Refer to Chapter XII on the digestive system for any problems caused by dysphagia.	APD
(G) TEETH - ALTERATION AND DENTAL LOSS	
Refer to Table 14 of dental alterations and losses.	APD
(H) CRANIAL NERVES	
(a) TRIGEMINAL NERVE (V)	
(1) Total and complete loss by impairment between the nuclei and Gasser's ganglions	
· unilateral loss	20
· bilateral loss	60
Sensory loss only	
· unilateral	15
· bilateral	45
Motor loss only	
· unilateral	5
· bilateral	15
(2) Partial loss: ophthalmic ramus	

lacrymal, frontal (supra-orbital) and nasal nerves	
· total and complete impairment	
· unilateral	3
· bilateral	9
· partial impairment	
·unilateral	2
• bilateral	6
(3) Partial loss: superior maxillary ramus suborbital, sphenopalatine, posterior palatine, anterior palatine nerves	
· total and complete impairment	
·unilateral	6
· bilateral	18
· partial impairment	
· unilateral	3
· bilateral	9
(4) Partial loss: inferior maxillary ramus inferior dental, mental, lingual, auriculotemporal nerves	
· total and complete impairment	
· unilateral	6
· bilateral	18
· partial impairment	
· unilateral	3
· bilateral	9
(b) FACIAL NERVE (VII)	
Peripheral loss	
· all rami	
· complete and unilateral	20
· complete and bilateral	60
· incomplete and unilateral	10

· incomplete and bilateral	30
· selective impairment	
· upper ramus (orbicular nerve of lids, frontal)	
· complete and unilateral	7
· complete and bilateral	21
· incomplete and unilateral	4
· incomplete and bilateral	12
· middle ramus	
· complete and unilateral	6
· complete and bilateral	18
· incomplete and unilateral	3
· incomplete and bilateral	9
· cervicomandibular ramus	
· complete and unilateral	7
· complete and bilateral	21
· incomplete and unilateral	3
· incomplete and bilateral	9
(c) OLFACTORY NERVE (I)	
hyposmia, parosmia, dysosmia	1
objectified anosmia	5
(d) GLOSSOPHARYNGEAL NERVE (IX) AND VARIOUS (X)	
· dysphagia	
Refer to Chapter XII on the digestive system.	APD
· dysphonia	
Refer to Chapter XI on the larynx.	APD
(e) HYPOGLOSSAL (XII)	
· unilateral paralysis	2
· bilateral paralysis	6
· dysphagia	

Refer to Chapter XII	on the digestive system.	APD
· dysarthria		
· minor		5
· major		15
TABLEAU 13		
PERMANENT ANKYL	OSES OF THE TEMPOROMANDIBU	JLAR JOINTS
		APD %
(A) COMPLETE ANK	YLOSIS	
Complete ankylosis extra-articular lesio	s may result from an intra or n.	
This deficit refers t the 2 temporomand whole.	o the overall function of ibular joints considered as a	30
(B) INCOMPLETE AN	NKYLOSIS	
• Rotation (opening): di between the f lower incisors	stance measured ree edge of the upper and	
Movement lost (in mm)	Movement retained (in mm)	
40	0	10
30	10	7
20	20	5
10	30	3
0	40 (normal)	0
· Lateral movement		
· loss of 50% or 1	more	10
\cdot loss of less than	1 50%	5
· no loss		0
Propulsion (protrusion)		
\cdot loss of 50% or n	nore	10
\cdot loss of less than	50%	5
\cdot no loss		0

TABLE 14

DENTAL ALTERATIONS AND LOSSES

The percentages for dental alterations and losses are cumulative. The percentage fixed is reduced by two-thirds where the worker is fitted with a fixed prosthesis. The percentage fixed is reduced by one-third where the worker is fitted with a removable prosthesis.

UPPER OR LOWER MAXILLARY

central incisors, teeth no. 11, 21, 31, 41; per tooth	1
lateral incisors, teeth no. 12, 22, 32, 42; per tooth	0.75
canines, teeth no. 13, 23, 33, 43; per tooth	1.5
first premolars, teeth no. 14, 24, 34, 44; per tooth	1
second premolars, teeth no. 15, 25, 35, 45; per tooth	1
first molars, teeth no. 16, 26, 36, 46; per tooth	1.25
second molars, teeth no. 17, 27, 37, 47; per tooth	1

CHAPTER III

CENTRAL NERVOUS SYSTEM

RULE APPLYING TO THIS CHAPTER

In this Chapter, the percentages resulting from the calculation of bilaterality, as a consequence of permanent impairment of symmetrical organs, have already been integrated.

(A) BRAIN

(Deficits in cerebral functions)

(a) ORGANIC CEREBRAL SYNDROME: COGNITIVE AND EMOTIVE

Deficits resulting from a cerebral impairment may be manifested by problems of orientation, comprehension, memory (immediate and past), judgment, self-criticism, inability to make decisions, moods (euphoria and depression), by spasmodic laughing or crying, inability to bear frustration, behaviour problems and other difficulties. APD %

Class 1	
Integrated cerebral functions are impaired, but the worker is capable of carrying on most ordinary activities.	15
Class 2	
The extent of the deficit is such that the worker requires some supervision or directions from other people for carrying on many ordinary activities.	45
Class 3	
The extent of the deficit is such that the worker requires constant supervision and confinement at home or in an institution.	80
Class 4	
The extent of the deficit is such that the worker cannot take care of himself. 100	
(b) COMMUNICATION PROBLEMS	
The principal communication problems result from cerebral impairment affecting the central mechanism for language comprehension, information storage and language production in all its forms (aphasia, agraphia, acalculia, alexia, dysphasia).	
Class 1	
Language problems interfering slightly with ordinary activities.	15
Class 2	
The worker understands speech but cannot produce it adequately for ordinary activities.	40
Class 3	
The worker does not understand speech and his speech is unintelligible or inappropriate.	70
Class 4	
The worker understands nothing and cannot express himself in words.	100
(c) EPILEPSY	
Evaluation is made according to the frequency and nature	

%

of the seizures and the response to treatment.

Class 1

Seizures interfere slightly with ordinary activities.	15
Class 2	
Seizures interfere moderately with ordinary activities.	30
Class 3	
Seizures are frequent and serious to the point where the worker requires constant supervision, either at home or in an institution.	80
Class 4	
Seizures render the worker totally incapable of carrying on any ordinary activities.	100
(B) CRANIAL NERVES	
(a) OLFACTORY NERVE (I)	
Refer to Chapter II on the maxillofacial system.	APD
(b) OPTIC NERVE (II)	
Refer to Chapter V on the visual system.	APD
(c) OCULOMOTOR NERVE OR COMMON OCULAR MOTOR NER	VE (III)
PATHETIC OR TROCHLEAR NERVE (IV)	
EXTERNAL OCULAR MOTOR NERVE (VI)	
Refer to Chapter V on the visual system.	APD
(d) TRIGEMINAL NERVE (V)	
Refer to Chapter II on the maxillofacial system and Chapter V on the visual system.	APD
(e) FACIAL NERVE (VII)	
Refer to Chapter II on the maxillofacial system.	APD
(f) AUDITORY NERVE OR VESTIBULOCOCHLEAR NERVE (VII)	
Refer to Chapter VI on hearing.	APD
(g) GLOSSOPHARYNGEAL NERVE (IX)	
Refer to Chapter II on the maxillofacial system.	APD
(h) PNEUMOGASTRIC OR VAGUS NERVE (X)	
Refer to Chapter II on the maxillofacial system.	APD
(i) SPINAL NERVE (XI)	

Complete paralysis of sternocleidomastoid

·unilateral	3
· bilateral	9
Complete paralysis of trapezius	
·unilateral	5
• bilateral	15
(j) HYPOGLOSSAL NERVE (XII)	
Refer to Chapter II on the maxillofacial system.	APD
(C) CEREBROSPINAL IMPAIRMENT	
(a) STANDING UPRIGHT AND WALKING	
This classification applies solely to sequelae of a cerebrospinal impairment.	
Class 1	
Can stand up and walk, but with certain difficulties up and down staircases, on inclines, on uneven ground and over long distances.	5
Class 2	
Can stand up and walk, but not up and down staircases, on inclines, on uneven ground or for long distances without mechanical or other assistance.	20
Class 3	
Can stand up and remain upright, but can take only a few steps and requires assistance.	50
Class 4	
Cannot stand upright without mechanical or other assistance.	70
(b) USE OF THE UPPER LIMBS	
This classification applies solely to sequelae of a cerebrospinal impairment.	
Class 1	
Can use the impaired limb to grasp and hold for personal needs without difficulty, but awkwardly.	
· unilateral impairment	10

	4 44 .			
•	bilatei	ral im	ipairme	nt

Can use the impaired limb to grasp and hold for personal needs without difficulty, but manipulates objects with difficulty. · unilateral impairment · bilateral impairment Class 3 Can use the impaired limb, but with difficulty, even for personal needs. · unilateral impairment · bilateral impairment Class 4 Cannot use the impaired limb, even for personal needs. · unilateral impairment · bilateral impairment (c) VESICAL FUNCTIONS Refer to Chapter VII on the urinary system. APD (d) ANORECTAL FUNCTIONS Refer to Chapter XII on the digestive system. APD (e) SEXUAL FUNCTIONS Refer to Chapter VIII on the female genital system or Chapter IX on the male genital system. APD (D) CRANIOCEREBRAL TRAUMA (a) CONCUSSION A transitional alteration of the state of vigilance as a side effect of cranial trauma, with or without loss of consciousness, but quantifiable, and without permanent deficit.

amnesia or loss of consciousness of 60 minutes or less

· Moderate

· Minor

amnesia or loss of consciousness of more than 60 minutes

20

40

40

80

60

100

1

but less than 24 hours			
· Severe			
amnesia or loss of consciousness for 24 hours and more	5		
Where a cerebral concussion is followed by sequelae, the highest percentage of APD for cerebral concussion or functional sequelae is used.			
(b) CONTUSION OR CEREBRAL LACERATION VISIBLE OF BY SPECIFIC TESTS	R SHOWN		
(including signs of concussion)			
· Minor			
without functional sequelae			
· Major			
with functional sequelae	10		
Where there are functional sequelae, refer to the appropriate chapters and add the percentages prescribed for such sequelae.	APD		
(c) SKULL FRACTURE			
Simple (flat)	1		
Complex			
· comminuted or open or of the base	2		
\cdot depressed (more than the thickness of the bone), whether requiring elevation by trepanation or not	3		
• depressed (more than the thickness of the bone) requiring elevation by craniectomy or craniotomy with or without plastic surgery on the bone or on the dura mater or cranioplasty	7		
Also add the percentage prescribed for concussion, contusion, laceration or any other neurological sequelae.	APD		
(d) INTRACRANIAL HAEMATOMA OR HYGROMA			
• Extracerebral (epidural or subdural) requiring evacuation by craniectomy or trepanation(s)	3		
• Extracerebral (epidural or subdural) requiring evacuation by craniotomy	7		
· Intracerebral haematoma (evacuated or unevacuated)	7		
Also add the percentage prescribed for concussion, contusion, laceration or any other neurological sequelae.	APD		

(e) SPINAL FLUID FISTULA

Evacuated by craniotomy or through the otorhinolaryngologic passages	7
Not evacuated (with and without treatment)	10
(f) CAROTIDOCAVERNOUS FISTULA	
Treated successfully	
\cdot without occlusion of the inner carotid	
without functional sequelae	5
\cdot without occlusion of the inner carotid	
without functional sequelae	10
Treated unsuccessfully or not treated	15
Also add the percentage prescribed for neurological sequelae.	APD
(g) TRAUMA OF INNER CAROTID	
Stenosis of 50% or less	5
Stenosis of more than 50% and less than 80%	10
Occlusion or stenosis of 80% or more	15
Also add the percentage prescribed for neurological sequelae.	APD
(h) POST-TRAUMATIC MENINGITIS OR ABSCESS	
Without functional sequelae	5
Add the percentage prescribed for any trepanation (or craniectomy) or for craniotomy.	APD
(i) HYDROCEPHALUS WITH SHUNTING SPINAL FLUID	
Also add the percentages prescribed for functional sequelae.	APD
CHAPTER IV	
PERIPHERAL NERVOUS SYSTEM	

RULES APPLYING TO THIS CHAPTER

(1) The classes of impairment are prescribed for motor impairment or sensory impairment in Table 15.

Each class sets forth a criterion and a percentage of

loss of function corresponding to that criterion.

(2) The percentage of anatomicophysiological deficit (APD) resulting from a nerve impairment is that prescribed in Table 16.

Where there is a hyphen (-), no percentage of APD may be awarded.

(3) The percentage is fixed according to whether it applies to motor or sensory impairment and depending on the class of impairment.

(4) The evaluation is made by multiplying the percentage for the class (loss of function) fixed in accordance with the criteria prescribed by Table 15 of the classes of motor or sensory impairment by the maximum percentage of APD prescribed for the structure injured.

Table 16 prescribes the maximum percentage of APD to be awarded for an impaired structure, both for motor impairment and for seniory impairment.

The table also prescribes calculations in terms of the maximum percentage for an impaired structure and classes of motor or sensory impairment.

(5) The percentage prescribed for an APD resulting from motor impairment is added to that resulting from sensory impairment.

(7) Bilaterality

Where a worker suffers from anatomicophysiological deficits in symmetric organs as a result of an employment injury, the total percentage awarded to him for such deficits is determined by adding the percentages of the anatomicophysiological deficits calculated for each organ and by adding a second time the percentage determined for the least severely impaired organ.

TABLE 15

CLASSE OF MOTOR AND SENSORY IMPAIRMENT

Loss of f	unction
	%

(A) MOTOR IMPAIRMENT

Class I no loss of motor function	0
Class II objective weakness against strong resistance	25
Class III objective weakness against slight resistance	50
Class IV objective weakness against gravity	75

Class V no motor strength	100
(B) SENSORY IMPAIRMENT	
For compensation to be paid for sensory deficits, they must have the objective characteristics usually recognized on a scientific basis. The evaluation shall take into account the dermatomes, the type of sensitivity impaired and the plausibility of the clinical signs.	
Class I no sensory impairment	0
Class II hypoaesthesia including dysaesthesia and pain	25
Class III anaesthesia (including pain)	100
TADLE 1/	

TABLE 16

PERIPHERAL NERVOUS SYSTEM

INJURED STRUCTURE APD		MOTOR (classes)				SENSORY (classes)			
	Maximum sensory and motor	I 0%	II 25%	III % 50%	IV 5 75%	V 5 100%	I % 0%	II 25%	 III 5 100%
NERVE ROOT									
C-5	20%	0	4	8	12	16	0	1	4
C-6	24%	0	4.5	9	13.5	18	0	1.5	6
C-7	24%	0	5	10	15	20	0	1	4
C-8	28%	0	6	12	18	24	0	1	4
L-1	16%	0	3	6	9	12	0	1	4
L-2	16%	0	3	6	9	12	0	1	4
L-3	16%	0	3	6	9	12	0	1	4
L-4	16%	0	3	6	9	12	0	1	4
L-5	24%	0	5	10	15	20	0	1	4
S-1	16%	0	3	6	9	12	0	1	4
BRACHIAL PLEX	KUS								
Total brachial plexus	70%	0	12.5	25	37.5	50	0	5	20

Upper trunk C-5 C-6 Erb-Duchesne syndrome	50%	0	10	20	30	40	0	2.5	10
Middle trunk C-7	28%	0	6	12	18	24	0	1	4
Lower trunk C-8 L-1 Klumpke-									
Dejerine syndrome	50%	0	10	20	30	40	0	2.5	10
HEAD AND NECK									
Greater occipital	1%	-	-	-	-	-	0	0.25	1
Lesser occipital	1%	-	-	-	-	-	0	0.25	1
Auricular ramus C-2 C-3	2%	-	-	-	-	-	0	0.50	2
UPPER LIMBS									
Anterior thoracic nerver	4%	0	1	2	3	4	-	-	-
Circumflex (axillary)	24%	0	5	10	15	20	0	1	4
Dorsal scapular	4%	0	1	2	3	4	-	-	-
Long thoracic (serratus anterior nerve)	10%	0	2.5	5	7.5	10	-	-	-
Media1 brachial cutaneous interna1 accessory	4%	-	-	-	-	-	0	1	4
Median (above middle forearm)	50%	0	7.5	15	22.5	30	0	5	20
Median (below the junction of the middle and distal thirds of the forearm)	40%	0	5	10	15	20	0	5	20
Musculocutaneous	24%	0	4	8	12	20	0	1	4
Radial (triceps lost)	40%	0	9	18	27	36	0	1	4
Radial (triceps spared)	28%	0	6	12	18	24	0	1	4
Subscapular nerve (subscapularis)	4%	0	1	2	3	4	-	-	-

Suprascapular nerve (suprascapularis)	12%	0	2.5	5	7.5	10	0	0.5	2
Thoracodorsal nerve (thoracodorsalis)	8%	0	2	4	6	8	-	-	-
UPPER LIMBS									
Ulnar (above the middle and distal thirds) (ulnaris)	28%	0	6	12	18	24	0	1	4
Ulnar (below the junction of the middle and distal thirds) (ulnaris)	24%	0	5	10	15	20	0	1	4
INGUINAL REGION									
Greater abdominogenital (iliohypogastricus)	4%	-	-	-	-	-	0	1	4
Lesser abdominogenital (ilioinguinalis)	4%	-	-	-	-	-	0	1	4
LOWER LIMBS									
Femoral (cnemial)	20%	-	4	8	12	16	0	1	4
Genitocnemial (genitofemoralis)	4%	-	-	-	-	-	0	1	4
Inferior gluteal	8%	-	2	4	6	8	-	-	-
Lateral cutaneous nerve of thigh	4%	-	-	-	-	-	0	1	4
Obturator nerve	12%	0	2	4	6	8	0	1	4
Posterior cutaneous nerve of thigh	4%	-	-	-	-	-	0	1	4
Superior gluteal	12%	0	3	6	9	12	-	-	-
Large sciatic, above rami to ischiotibial muscles	60%	0	10	20	30	40	0	5	20
External popliteal sciatic (common peroneal)	20%	0	4	8	12	16	0	1	4

Deep peroneal above mid-leg (peroneus profundus)	12%	0	3	6	9	12	-	-	-
LOWER LIMBS									
Deep peroneal below mid-leg (peroneus profundus)	4%	0	1	2	3	4	-	-	-
Superficial peroneal (peroneus superficialis)	10%	0	1.5	3	4.5	6	0	1	4
Internal popliteal nerve above knee	24%	0	4	8	12	16	0	2	8
Posterior tibial in the annular soleus region	16%	0	2	4	6	8	0	2	8
Posterior tibial at mid-calf	12%	0	2	4	6	8	0	1	4
Medial plantar (medial plantaris)	6%	0	1	2	3	4	0	0.5	2
Lateral plantar (lateral (plantaris)	6%	0	1	2	3	4	0	0.5	2
External sapheneous (cutaneous sural)	2%	-	-	-	-	-	0	0.5	2

CHAPTER V

VISUAL SYSTEM

RULES APPLYING TO THIS CHAPTER

(1) The percentages resulting from impairment of the ocular functions are added to the percentages resulting from the accessory functions.

Bilaterality

The percentages resulting from calculation of bilaterality have already been integrated into the formulas for calculating the APD.

(2) Accessory functions (adnexa)

Bilaterality

Where a worker suffers from anatomicophysiological deficits following an employment injury and resulting from symmetrical impairment of accessory functions of the visual system, the total percentage fixed for such deficits is calculated by totalling the percentages of APD fixed for each impairment and by adding a second time the percentage fixed for the least severely impaired function.

(3) No award is made for disfigurement (D) for the loss of visual function. For the D related to the eye, other than loss of visual function, refer to Chapter XVIII on disfigurement.

> APD %

(A) THE VISUAL SYSTEM

(1) The visual system consists of the eyes and the optic pathways from the ocular globe to the occipital cortex.

It also includes the adnexa, which are essential for the functioning of the system, consisting of the lacrymal glands, the lacrymal passages and the eyelids.

(2) Any impairment of the following cranial nerves can cause permanent damage to the visual system:

· Optical nerve (II)

· Common ocular motor nerve (III)

· Pathetic nerve (IV)

• Trigeminal nerve (V) (cf. Chapter II on the maxillofacial system)

· External ocular motor nerve (VI)

• Facial nerve (VII) (cf. Chapter II on the maxillofacial system)

· Auditory nerve, vestibular ramus (VIII)

(3) The evaluation of vision deals with the following 3 functions:

 \cdot Central visual acuity at a distance and close-up, corrected

· Central and peripheral visual field

· Ocular motility without diplopia

(1) CRITERIA FOR EVALUATING VISION
A deficit of the visual system occurs where there is a deviation from normal in one or more functions of the eye. Visual integrity requires:

(a) integrity of corrected visual acuity for distance and close-up,

(b) integrity of the field of vision, and

(c) ocular motility without diplopia.

Evaluation of these 3 functions is necessary and essential to determine visual deficit. Although they are not all equally important, vision is imperfect without the coordinated function of all 3.

Percentages of deficit are awarded for other ocular functions and for other ocular problems that affect one or more of the coordinated functions in accordance with the scale prescribed for those functions.

Other ocular functions or problems that do not affect the coordinated functions of the eye are evaluated under the headings of Accessory functions and Other deficits of ocular functions, at the end of this chapter.

(2) MAXIMUM PERCENTAGES OF DEFICIT

Loss of vision in one eye

Loss of vision in both eyes

25 100

(3) METHODS FOR EVALUATING VISION

(a) Determination of central visual acuity

Central vision is measured with the best corrected vision possible for distance and close-up, based on Tables 18 and 19.

(b) Determination of the extent of visual fields

The extent of the visual field is determined by use of the usual perimetric methods with a white target which subtends a 0.5° angle, i.e., a 3 mm white disk at a distance of 330 mm under illumination of not less than 7 f.-c. A 6/330 white disk should be used for aphakia. The target is brought from the periphery to the field of vision, or from the unseen to the seen.

At least 2 peripheral fields should be obtained agreeing within 15° in each meridian.

The result is plotted on an ordinary visual field chart on each of the eight principal meridians separated from one another by 45°, as shown in diagram 6.

The minimum normal extent of the visual field from

the point of fixation is indicated in diagram 6.

The percentage of retained visual field in one eye is obtained by adding the number of degrees of the eight principal meridians shown in diagram 6 for the 3/330 isopter, which normally is 500 degrees, and dividing by five. Conversely, the percentage of deficit of visual field is obtained by adding the degrees lost, as measured according to the norms in diagram 6, in each of the eight principal meridians and dividing the total by 5.

Where there is a deficit of a quadrant or a half field, the total of the deficit in each meridian must be added to half the sum of the two adjacent meridians. The deficit of visual field can be calculated for other defects in the same way.

Table 20 shows percentages of deficit of visual field, calculated on the basis of degrees lost, expressed in increments of 5 degrees. The following illustration provides an example of the calculation of deficit of visual field.

EXAMPLE

Calculation of deficit of visual field

Deficit	Degrees retained	Normal	
Temporally	55	85	
Down temporally	55	85	
Down	35	65	
Down nasally	20	50	
Nasally	30	60	
Up nasally	25	55	
UP	25	45	
Up temporally	15	55	
-	FOTAL 260	500	

(c) Determination of ocular motility

Unless diplopia is present within 30 degrees of the centre of fixation, it rarely causes a visual deficit except on looking downward. The extent of the diplopia when the worker looks in various directions is determined on the perimeter at 330 mm or on any campimeter at a distance of 1 m from the patient in each of the eight principal meridians, using a small test light and without coloured lenses or correcting prisms.

The Hess Lancaster diplopia screen may also be used with the subject 1 m distant and using lenses coloured red, green, etc. To determine loss of ocular motility:

 \cdot plot the results of the separation of 2 images on an ordinary visual field chart;

 \cdot add the corresponding percentages of loss of ocular motility caused by diplopia when the worker looks in various directions as given in diagram 7.

(d) Determination of the visual efficiency of an eye

The methods described in (a), (b) and (c) above were used to evaluate:

· visual acuity,

· the field of vision, and

· ocular motility.

The percentage of visual efficiency of an eye is obtained by multiplying the percentage of visual acuity retained by the percentage of the visual field retained and by the percentage of ocular motility retained.

	% of visual acuity retained	% of visual field retained	% of ocular motility retained	% of efficiency of eye	
Right eye	X	X	X		
Left eye	X	X	X		

(e) Determination of efficiency of entire visual system

Multiply the percentage of efficiency of the better eye by 3, add the percentage of efficiency of the other eye and divide the sum obtained by 4 to obtain the percentage of function of the entire visual system or efficiency of binocular vision.

Subtract the percentage of efficiency of binocular vision from 100% (normal vision) to obtain the percentage of APD for the entire visual system.

% o of b	f efficiency etter eye	% of efficiency of other eye	% of efficiency of binocular vision	
(X 3)	+	=	
		4		



LEFT EYE

RIGHT EYE





TABLE 18

RATING OF CENTRAL VISUAL ACUITY

(A) DISTANCE

SNELLEN	SNELLEN	% of deficit of central
English	metric	vision
20/16	6/5	0
20/20	6/6	0
20/25	6/7.5	5
20/32	6/10	10
20/40	6/12	15
20/50	6/15	25
20/64	6/20	35
20/80	6/24	40
20/100	6/30	50
20/125	6/38	60
20/160	6/48	70
20/200	6/60	80
20/300	6/90	85
20/400	6/120	90
20/800	6/240	95

(B) CLOSE-UP VISION

Snellen	Jaeger	Point			% of deficit of central vision
14/14	1 -	3	or	0.35	0
14/18	2 -	4		0.46	0
14/22		5		0.56	5
14/28	3 -	6		0.71	10
14/35	6	8		0.89	50
14/45	7 -	9 +		1.14	60
14/56	8	12		1.42	80
14/70	11	14		1.78	85
14/87				2.21	90
14/112	14	22		2.34	95
14/140				3.56	98

TABLE 19

DEFICIT OF CENTRAL VISION * (Snellen's scale)

close-up vision

	14*	14	14	14	14	14	14	14	14	14	14
	14**	18	22	28	35	45	56	70	87	112	140
20*	0	0	3	5	25	30	40	43	45	48	49
16**	50	50	52	53	63	65	70	72	73	74	75
20	0	0	3	5	25	30	40	43	45	48	49
20	50	50	52	53	63	65	70	72	73	74	75
20	3	3	5	8	28	33	43	45	48	50	52
25	52	52	53	54	64	67	72	73	74	75	76
20	5	5	8	10	30	35	45	48	50	53	54
32	53	53	54	55	65	68	73	74	75	77	77
20	8	8	10	13	33	38	48	50	53	55	57
40	54	54	55	57	67	69	74	75	77	78	79
20	13	13	15	18	38	43	53	55	58	60	62
50	57	57	58	59	69	72	77	78	79	80	81
20	18	18	20	23	43	48	58	60	63	65	67
64	59	59	60	62	72	74	79	80	82	83	84
20	20	20	23	25	45	50	60	63	65	68	69
80	60	60	62	63	73	75	80	82	83	84	85

20	25	25	28	30	50	55	65	68	70	73	74
100	63	63	64	65	75	78	83	84	85	87	87
20	30	30	33	35	55	60	70	73	75	78	79
125	65	65	67	68	78	80	85	87	88	89	90
20	35	35	38	40	60	65	75	78	80	83	84
160	68	68	69	70	80	83	89	89	90	91	92
20	40	40	43	45	65	70	80	83	85	88	89
200	70	70	72	73	83	85	90	91	93	94	95
20	43	43	45	48	68	73	83	85	88	90	92
300	72	72	73	74	84	87	91	93	94	95	96
20	45	45	48	50	70	75	85	88	90	93	94
400	73	73	74	75	85	88	93	94	95	97	97
20	48	48	50	53	73	78	88	90	93	95	97
800	74	74	75	77	87	89	94	95	97	98	99

* Higher number: percentage of deficit of central vision without allowance for monocular aphakia.

** Lower number: percentage of deficit of central vision with allowance for monocular aphakia.

Add any percentage of APD prescribed for pseudoaphakia.

TABLE 20

DEVIDIT OF VISUAL FIELD

Degrees lost (total)	Degrees retained (total)	Deficit %	Degrees lost (total)	Degrees retained (total)	B Defic %	Degrees it lost (total)	Degrees retained (total)	Deficit %
0	500*	0	170	330	34	340	160	68
5	495	1	175	325	35	345	155	69
10	490	2	180	320	36	350	150	70
15	485	3	185	315	37	355	145	71
20	480	4	190	310	38	360	140	72
25	475	5	195	305	39	365	135	73
30	470	6	200	300	40	370	130	74
35	465	7	205	295	41	375	125	75
40	460	8	210	290	42	380	120	76
45	455	9	215	285	43	385	115	77
50	450	10	220	280	44	390	110	78

55	445	11	225	275	45	395	105	79
60	440	12	230	270	46	400	100	80
65	/35	13	235	265	17	405	95	81
70	430	14	235	205	40	410	00	87
70	430	14	240	200	40	410	90	02
/5	425	15	245	255	49	415	85	83
80	420	16	250	250	50	420	80	84
85	415	17	255	245	51	425	75	85
90	410	18	260	240	52	430	70	86
95	405	19	265	235	53	435	65	87
100	400	20	270	230	54	440	60	88
105	395	21	275	225	55	445	55	89
110	390	22	280	220	56	450	50	90
115	385	23	285	215	57	455	45	91
120	380	24	290	210	58	460	40	92
125	375	25	295	205	59	465	35	93
130	370	26	300	200	60	470	30	94
135	365	27	305	195	61	475	25	95
140	360	28	310	190	62	480	20	96
145	355	29	315	185	63	485	15	97
150	350	30	320	180	64	490	10	98
155	345	31	325	175	65	495	5	99
160	340	32	330	170	66	500	0	100
165	335	33	335	165	67			

* or more

When the central visual fields is impaired, the percentage of APD is that of the concomitant loss of visual acuity. If the visual acuity is normal, the percentage of APD is calculated on the basis of the degrees lost.

(B) ACCESSORY FUNCTIONS (ADNEXA)

APD %

(1) Lacrymal system

section of lacrymal canal with continuous watering

slight moderate significant	1 2 3
secretion problems caused by impairment of the sympathetic cervical nerve	1
For secretion problems caused by impairment of the trigeminal nerve (V) or the facial nerve (VII), refer to Chapter II on the maxillofacial system.	APD
(2) Eyelid protective system	
damage to eyelid by faulty scar (trichiasis, entropion, ectropion, symblepharon)	3
Add any percentage for impairment of the visual function.	
ptosis of the eyelid caused by impairment of the sympathetic cervical nerve	1

For blepharospasm, blinking and palpebral occlusion, refer to Chapter II on the maxillofacial system.	APD
Add any percentage for impairment of the visual function.	APD
(3) Eyebrows loss of function	1
(4) Eyelashes loss of function	1
(C) OTHER DEFICITS OF OCULAR FUNCTIONS	
The percentage fixed for such deficits is added to the percentage fixed for impairment of the visual function.	APD
Paralysis of accommodation or loss of close-up vision	3
Cataract or aphakia	12
Pseudaphakia	6
Exophthalmia	
Refer to procedure for evaluation of vision.	APD
Enophthalmia	
Refer to procedure for evaluation of vision.	APD
Iridoplegia or fixed mydriasis based on photophobia, disturbance of close-up vision, dizziness	3
Myosis caused by impairment of the sympathetic cervical nerve	1
Also add the percentage for impairment of the visual function.	APD
Hemianopsia	
Refer to procedure for evaluation of vision.	APD
· Periocular sensitivity	
Refer to Chapter II on the maxillofacial system.	APD
Objectified problems of colour vision	0.5
Objectified problems in adapting to darkness	0.5
Objectified neurosensory problems	0.5
EXAMPLE OF EVALUATION OF VISION	

Percentage of visual efficiency as a whole

Left eye:

(a) Visual acuity

· Close-up vision, 14/28

· Distance vision, 20/80

 \cdot According to Table 19, the deficit of central vision is 25%;

retained acuity is therefore 75% or 0.75.

(b) Visual field

 \cdot Loss of 100°

 \cdot According to Table 20, the deficit of visual field is 20%;

retained visual field is therefore 80% or 0.80.

(c) Ocular motility

· Deficit of 30%;

retained ocular motility is therefore 70% or 0.70.

PERCENTAGE OF EFFICIENCY OF LEFT EYE

0.75 x 0.80 x 0.70 = 0.42 or 42%

Right eye

(a) Visual acuity

· Close-up vision, 14/22

· Distance vision, 20/50

 \cdot According to Table 19, the deficit of central vision is 15%;

retained acuity is therefore 85% or 0.85.

(b) Visual field

· Loss of 150°

• According to Table 20, the deficit of visual field is 30%;

retained visual field is therefore 70% or 0.70.

(c) Ocular motility

· Deficit of 20%;

retained ocular motility is therefore 80% or 0.80.

PERCENTAGE OF EFFICIENCY OF RIGHT EYE

 $0.85 \ge 0.70 \ge 0.80 = 0.476$ or 47.6%

EFFICIENCY OF ENTIRE VISUAL SYSTEM

 $(3 \times 47.6) + 42 = 46.2\%$ efficiency of binocular vision

4

100% - 46.2% = 53.8% of APD

The percentage of APD is 53.8%.

The percentage for the resulting SLEL is 21.6%.

The total of the percentage fixed is 75.4%.

No percentage is fixed for D (cf. special rules at the beginning of this Chapter).

CHAPTER VI HEARING (INCLUDING OUTER, MIDDLE AND INNER EAR)

RULES APPLYING TO THIS CHAPTER

1. The frequencies used in determining the average of the thresholds are 500, 1000, 2000 and 4000 hertz (Hz).

2. For the purposes of calculating the APD of the auditory function, where the hearing threshold at a given frequency is higher than 100 decibels (dB), it is deemed to be 100 dB.

3. The minimum compensation threshold is 30 dB and the maximum compensation threshold is 70 dB.

4. No adjustment for presbyacusis shall be made in evaluating hearing.

5. For complete hearing loss, the percentage of APD is 54%.

6. No award is made for disfigurement (D) resulting from auditory functional sequelae.

7. Bilaterality

Anatomical sequelae

Where a worker suffers anatomicophysiological deficits resulting from anatomical sequelae to the ears and caused by an employment injury, the total percentage fixed for such deficits is calculated by totalling the percentages of APD fixed for each impairment and adding a second time the percentage fixed for the least severe impairment.

Functional sequelae

The percentages resulting from the calculation of bilaterality following permanent impairment due to functional sequelae have already been integrated into the figures.

(A) ANATOMICAL SEQUELAE	APD
(i) Pinna (per ear)	70
· Amputation of one-third	2
· Amputation of two-thirds	4
· Complete amputation	6
(ii) External auditory ductule	
· Scar without functional sequelea	1
· Cicatricial stenosis impeding normal cleaning of the external auditory ductule	2
· Complete, uncorrected stenosis	4
Add any percentage prescribed for functional sequelae.	
(iii) Tympanum	
· Serious scarring	2
· Significant sequelae (perforation or other), uncorrected	4
Add any percentage prescribed for functional sequelae.	
(B) FUNCTIONAL SEQUELAE	
(a) PROCEDURE FOR EVALUATING HEARING DEFICIT	
(1) Step I	
For each ear, the average of the thresholds recorded at frequencies of 500, 1000, 2000 and 4000 Hz is calculated and rounded off in accordance with Table 22.	

	Average
	rounded off
Average	with table 22

500 1000 2000 4000 HZ

Thresholds in dB at frequencies

Right ear	 +	+	+	_=	- 4 =	
Left ear	 +	+	+	=	- 4 =	

TABLE 22

Average of the thresholds at		Average of the thresholds at	
frequencies of 500, 1000, 2000,	Average rounded	frequencies of 500, 1000,	Average rounded
and 4000 Hz	off	2000 and 4000 Hz	off
30	30	50	50
31.25	30	51.25	50
32.5	35	52.5	55
33.75	35	53.75	55
35	35	55	55
36.25	35	56.25	55
37.5	40	57.5	60
38.75	40	58.75	60
40	40	60	60
41.25	40	61.25	60
42.5	45	62.5	65
43.75	45	63.75	65
45	45	65	65
46.25	45	66.25	65
47.5	50	67.5	70
48.75	50	68.75	70
		70 or more	70

(2) Step II

The percentage of anatomicophysiological deficit (APD) is calculated based on Table 23.

	Average rounded according to Table 22	APD %
More severely impaired ear	carried over to Table 23	
Less severely impaired ear	carried over to Table 23	

TABLE 23

PERCENTAGE OF ANATOMICOPHYSIOLOGICAL DEFICITS (APD)

	Less severely impaired ear	More severely impaired ear
Average threshold	APD	APD
in dB	%	%

2.5	0.5
5	1
7.5	1.5
12.5	2.5
22.5	4.5
32.5	6.5
40	8
42.5	8.5
45	9
	2.5 5 7.5 12.5 22.5 32.5 40 42.5 45

APD

%

(b) ADDITIONAL PERCENTAGES OF APD FOR TRAUMATIC LOSS OF HEARING (sudden)

(i) Average threshold rounded off, 30 to 45 dB

unilateral	0.2
bilateral	0.6

- (ii) Average threshold rounded off, 50 70 dB
 - unilateral 0.3 0.9 bilateral
- (iii) Threshold higher than 70 dB

A valid response is obtained to sound stimulation and communication is possible, especially with an auditory prosthesis.

The following percentage is added to the percentage fixed in accordance with the evaluation procedure for the deficit of auditory function:

unilateral bilateral	2 6
A valid response cannot be obtained and communication is impossible, even after auditory amplification.	
The following percentage is added to the percentage fixed in accordance with the evaluation procedure for the deficit of auditory function:	
unilateral	10
bilateral	30

EXAMPLES OF EVALUATION OF DEFICIT OF AUDITORY FUNCTION

EXAMPLE A: work-related loss of hearing (progressive)

Step I

500		1000		2000 4000 I			Hz		Average	
R.E.	20	+	25	+	35	+	75	=	155 / 4	= 38.75 dB
L.E.	20	+	25	+	35	+	70		150 / 4	= 37.5 dB

Refer to Table 22.

	Average	Average rounded of			
R.E.	38.75	40 dB			
L.E.	37.5	40 dB			

Step II

Refer to Table 23.

		APD %
R.E.	(more severely impaired): 40 dB	1.5%
L.E.	(less severely impaired): 40 dB	7.5%

APD 9.0% + SLEL 1.35% = 10.35%

EXAMPLE B: work-related loss of hearing (progressive)

Step I

	500		1000		2000	4000 Hz			Average
R.E.	20	+	20	+	30	+	40	= 110 / 4	= 27.5 dB
L.E.	20	+	25	+	30	+	50	= 125 / 4	= 31.25 dB

Refer to Table 22.

	Average	Average rounded off
R.E.	27.5	<30 dB
L.E	31.25	30 dB

Step II

Refer to Table 23.

APD %

R.E.	(less severely impaired): <30 dB	0% (cf. special rule No. 3)
L.E.	(more severely impaired): 30 dB	0.5%

APD 0.5% + SLEL 0.01% = 0.51%

EXAMPLE C: work-related loss of hearing (progressive) with right ear deaf since childhood

Step I

	500		1000		2000		4000 Hz		Average	
R.E. L.E.	80 20	+ +	100 30	+ +	100 40	+ +	100 55	= 380 / 4 = 145 / 4	= 95 dB = 36.25 dB	
R	efer to	Fable	22.							
			A	verag	ge	1	Average ro	unded off		
	R.E L.E			95 36.2	5		>70 35	dB dB		
Step I	I									
Re	efer to T	able	23.							
										APD %
R.E.			(n	nore	severely	/ impaii	red): >70 dl	В		9% 5%
L.L.			(10	sc	verery	mpane	uj. 55 uD			570

EXAMPLE D: traumatic loss of hearing (sudden) in left ear

APD 5% + SLEL 0.75% = 5.75%

Step I

	500		1000		2000		4000 Hz			Average
R.E.	0	+	5	+	10	+	20	=	35 / 4	= 8.75 dB
L.E.	50	+	70	+	75	+	80		275 / 4	= 68.75 dB

Refer to Table 22.

	Average	Average rounded off
R.E.	8.75	<30 dB
L.E.	68.75	75 dB

Step II

Refer to Table 23.

	APD %
erely impaired): <30 dB verely impaired): 70 dB	0% (cf. special rule No. 3) 9%
ring $SIFL 1.35\% = 10.65\%$	0.3%

R.E. (less severely impaired): <30 dB L.E. (more severely impaired): 70 dB traumatic loss of hearing APD 9.3% + SLEL 1.35% = 10.65%

(C) VERTIGO

TOTAL LOSS OF VESTIBULAR FUNCTION

The loss may be considered as a labyrinthectomy	
unilateral	5
bilateral	15
Add a percentage of anatomicophysiological deficit appropriate to the degree of functional deficit.	
Class 1	
Signs of peripheral or central vertigo present; can carry out everyday activities without assistance	2
Class 2	
Signs of peripheral or central vertigo present; can carry out everyday activities without assistance, except certain activities that might endanger the safety of the person or of others, such as driving a motor vehicle or riding a bicycle	15
Class 3	
Signs of peripheral or central vertigo present; cannot carry out everyday activities without assistance, except simple activities such as personal needs, domestic tasks or walking	30
Class 4	
Signs of peripheral or central vertigo present; cannot carry out normal everyday activities without assistance, except for personal needs	50
Class 5	
Signs of peripheral or central vertigo present; cannot carry out everyday activities without assistance, except personal needs, and is confined to the home or an institution owing to the problem of vertigo	60
CHAPTER VII URINARY SYSTEM	
RULE APPLYING TO THIS CHAPTER	
In this Chapter, the percentages resulting from the calculation of bilaterality following permanent impairment	

to symmetrical organs have already been integrated into the figures. They are indicated under each sequela.

Where there is no such indication, the principle of bilaterality does not apply.

(A) KIDNEY

(a) ANATOMICAL SEQUELAE

(i) Total unilateral nephrectomy	10
(ii) Total bilateral nephrectomy	30
(iii) Partial unilateral nephrectomy	5
(iv) Partial bilateral nephrectomy	15
(v) Calicine cicatricial lesions	1
(vi) Objectified perirenal sclerosis	1
(vii) Lombotomy	3
Also add the percentages prescribed below for functional sequelae.	APD
(b) FUNCTIONAL SEQUELAE	
Impairment of renal functions according to clinical signs and modifications of functional tests.	
Evaluation is made by calculating the percentage of APD and the percentage of SLEL resulting therefrom for the clinical signs and for the modifications of functional tests. The higher percentage of the 2 is used (not both).	
Clinical signs	
(i) Absence of clinical signs	0
(ii) Intermittent symptoms and signs not requiring supervision or continuing treatment	5
(iii) Signs requiring frequent treatment and continuous medical supervision	15
(iv) Signs controlled incompletely by medical or surgical treatment	30
(v) Signs not controlled by medical or surgical	(0)
treatment	60
treatment Functional tests	60
treatment Functional tests (i) Normal tests	60 0
treatment Functional tests (i) Normal tests (ii) Persistent minor modifications of tests, whether or not associated with a loss of renal function of 25% or less	60 0 5

of renal function	15
 (iv) Modifications of tests associated with a loss of 75% or less, but more than 50% of renal function 	30
(v) Modifications of tests associated with a loss of more than 75% of renal function	60
(B) UPPER EXCRETORY SYSTEM (CALIX, RENAL PELVIS, URETER)	
The following deficits, both anatomical and functional, are added to any deficits already awarded for the kidney.	
ANATOMICAL SEQUELAE	
(i) No deficiency	0
(ii) Ureteric, calicine or pyelic ectasia	5
 (iii) High, cutaneous or intestinal urinary shunt, whether intubated or not, with or without cystectomy 	40
Also add the percentages prescribed for functional sequelae of kidneys.	APD
(C) BLADDER	
(a) ANATOMICAL SEQUELAE	
The following anatomical deficits, both anatomical and functional, are added to any deficits already awarded for the upper excretory system and for the kidney.	
(i) Rupture of bladder not requiring surgical repair and without objectified anatomical deficit	0
(ii) Rupture of bladder requiring surgical repair	3
(iii) Partial cystectomy	5
(iv) Cystectomy (enterocystoplasty)	10
(v) Total cystectomy	30
 (vi) Low, cutaneous or intestinal urinary shunt, whether intubated or not, including permanently installed urethral catheter, with or without cystectomy 	40
Also add the percentages prescribed below for functional sequelae.	APD
(b) FUNCTIONAL SEQUELAE	
(i) Without functional sequelae	0

(ii) Clinical signs or sequelae requiring occasional treatment	5
 (iii) Clinical signs or sequelae requiring continuing medical supervision and medication (examples: recurring cystitis, incontinence through precipitant urination controlled by medication). 	15
 (iv) Clinical signs or sequelae incompletely controlled notwithstanding standing medical and surgical treatment (examples: retention or partial, intermittent incontinence) 	30
 (v) Clinical signs or sequelae not controlled notwithstanding medical and surgical treatment (examples: total incontinence or complete urinary retention) 	60
(D) URETHRA	
The following deficits, both anatomical and the functional, are added to any deficits already awarded for the bladder, the upper excretory system and the kidney.	
ANATOMICAL AND FUNCTIONAL SEQUELAE	
(i) None	0
(ii) Constriction requiring occasional dilation every 3 or 4 months	5
(iii) Constriction requiring dilation every 3 or 4 weeks	10
(iv) Fistulae	15
(v) Diverticula	5
CHAPTER VIII FEMALE GENITAL SYSTEM	

RULE APPLYING TO THIS CHAPTER

In this Chapter, the percentages resulting from calculation of bilaterality following permanent impairment to symmetrical organs have already been integrated into the figures. They are indicated under each sequela.

Where there is no such indication, the principle of bilaterality does not apply.

(A) INTERNAL GENITAL ORGANS

(i) Ovaries

· Loss of an ovary

• Anatomical or functional loss of both ovaries, including replacement therapy	21
Also add one of the following percentages, depending on age:	
· 50 years old or younger	7
· 51 years old or older	2
Add a percentage of SLEL for any problems in the sexual function.	
(ii) Loss of uterus	10
Also add a percentage of SLEL depending on age, up to age 50.	0
Add a percentage of SLEL for any problems of the sexual function.	
(B) EXTERNAL GENITAL ORGANS	
Class 1	
No deficit	0
Class 2	
Sexual relations possible, but with slight difficulty (delivery by birth canal possible)	5
Class 3	
Sexual relations possible, but difficult (delivery by birth canal restricted)	15
Class 4	
Sexual relations impossible (delivery by birth canal impossible) and symptoms not controlled by medical or surgical treatment	20
Add a percentage of SLEL for any problems of the sexual function.	
(C) DYSTOCIA DUE TO BONE STRUCTURE	
These percentages are awarded only where there is a pregnancy requiring a caesarian section. The percentages include those prescribed for caesarian section.	5
(D) CAESARIAN SECTION	
Add these percentages to the percentage prescribed for laparotomy; cf. Chapter XII on the digestive system.	2
(E) PROBLEMS OF THE SEXUAL FUNCTION	
These percentages are awarded only where there are problems of the sexual function resulting from permanent sequelae to the external or internal genital organs, as	

sequelae to the external or internal genital organs, a prescribed in this chapter.

	%
(i) Minor deficit	
Lack of interest sufficient to cause a reduction in the frequency of sexual activities, but without alteration in the level of satisfaction	5
(ii) Moderate deficit	
Lack of interest sufficient to cause a considerable reduction in the frequency, or sometimes to impede the completion of the regular sexual cycle	10
(iii) Major deficit	
Repeated sexual failure leading to avoidance of sexual activity	15
(iv) Absence of sexual function	
No sexual activity possible	30
CHAPTER IX MALE GENITAL SYSTEM	

SLEL

RULE APPLYING TO THIS CHAPTER

In this Chapter, the percentages resulting from calculation of bilaterality following permanent impairment to symmetrical organs have already been integrated into the figures. They are indicated under each sequela.

Where there is no such indication, the principle of bilaterality does not apply.

(A) PENIS

	APD %
Class 1	0
No deficiency	
Class 2	
Sexual relations possible but with slight objectified and documented difficulty	5
Class 3	
Sexual relations possible, but with objectified and documented difficulty	15

Class 4

Sexual relations impossible for objectified anatomical or physiological cause (example: amputation of penis)	20	
Add a percentage of SLEL for any problems of the sexual function.		
(B) SCROTUM		
Class 1		
No sequelae	0	
Class 2		
Minor sequelae, symptoms and signs of scrotal loss or impairment	5	
Class 3		
Major sequelae, symptoms and signs of scrotal loss or impairment requiring testicular reimplantation	15	
Add a percentage of SLEL for any problems of the sexual function.		
(C) SCROTAL CONTENTS		
Class 1		
No sequelae	0	
Class 2		
Clinical signs or sequelae of any of the elements of the cord with alteration not requiring continuing treatment and without anomalies of the seminal or hormonal function (examples: chronic epididymitis, loss of a testicle)	7	
Class 3		
Clinical signs or sequelae of any of the elements of the cord with anatomical alteration requiring frequent or continuous treatment and with objectified seminal or hormonal anomalies	15	
Class 4		
Complete bilateral anatomical or functional loss of elements contained in the scrotum	21	
Also add one of the following percentages, depending on age:		
· 50 years old or younger	7	

· 51 years old or older	2	
Add a percentage of SLEL for any problems of the sexual function.		
(D) PROSTATE AND SEMINAL VESICLES		
Class 1	0	
No deficit		
Class 2		
Intermittent and objectified signs of impairment		
• of the prostate	5	
• of a seminal vesicle	4	
Class 3		
Frequent, severe and objectified signs requiring continuous treatment		
· of the prostate	10	
· of the seminal vesicles	12	
Add a percentage of SLEL for any problems of the sexual function.		
(E) PROBLEMS OF THE SEXUAL FUNCTION		
These percentages are awarded only where there are problems of the sexual function resulting from permanent sequelae to the external or internal genital organs, as prescribed in this chapter.		
	SLEL %	
(i) Minor deficit		
Lack of interest sufficient to cause a reduction in the frequency of sexual activities, but without alteration in the level of satisfaction	5	
(ii) Moderate deficit		
Lack of interest sufficient to cause a considerable reduction in the frequency, or sometimes to impede the completion of the regular sexual cycle	10	
(iii) Major deficit		
Repeated sexual failure leading to avoidance of sexual activity	15	

(iv) Absence of sexual function

No sexual activity possible

CHAPTER X ENDOCRINE SYSTEM

RULES APPLYING TO THIS CHAPTER

(1) In this Chapter, the percentages resulting from the caluclation of bilaterality following permanent impairment to symmetrical organs have already been integrated into the figures. They are indicated under each sequela.

Where there is no such indication, the principle of bilaterality does not apply.

(2) Evaluation is made 12 months after the event.

(A) FUNCTIONAL IMPAIRMENT OF THE HYPOTHALAMUS AND HYPOPHYSIS LEADING TO HYPOPITUITARISM

	APD %
Total	60
Partial	
Refer to the appropriate hormone deficit .	APD
Diabetes insipidus	
· total	30
· partial	20
Deficit in growth hormone	
\cdot 0 to 12 years old	55
· 13 to 16 years old	30
· 17 to 22 years old	20
(B) IMPAIRMENT OF THE THYROID GLAND	
(a) ANATOMICAL SEQUELAE	
Partial or total thyroidectomy	3
(b) FUNCTIONAL SEQUELAE	
Primary, secondary or tertiary hypothyroidism where hormone replacement is needed	15
In the case of cardiac complications, refer to Chapter XIII on the cardiovascular system.	APD

30

(C) IMPAIRMENT OF THE PARATHYROIDS

(a) ANATOMICAL SEQUELAE

Partial or total parathyroidectomy	3
(b) FUNCTIONAL SEQUELAE	
Hypoparathyroidism	25
(D) FUNCTIONAL IMPAIRMENT OF THE PANCREAS	
(pancreatoprivic diabetes)	
Controlled by diet	10
Controlled by diet and oral medication	20
Controlled by diet and insulin	50
Also add the following percentages according to age	
\cdot 0 to 30 years old	30
· 31 to 40 years old	20
· 41 to 50 years old	15
· 51 to 60 years old	10
· over 60 years old	5
(E) IMPAIRMENT OF THE ADRENAL GLANDS	
(a) ANATOMICAL SEQUELAE	
Adrenalectomy	
· unilateral	8
· bilateral, including replacement therapy	24
(b) FUNCTIONAL SEQUELAE	
Hypo-adrenalism, requiring replacement therapy	20
(F) INJURY TO THE GONADS	
(ovaris and testicles)	
Refer to Chapter VIII on the female genital system and Chapter IX on the male genital system.	
CHAPTER XI LARYNX AND TRACHEA	

RULE APPLYING TO THIS CHAPTER

The principle of bilaterality does not apply to this Chapter.

(A) LARYNGECTOMY

Partial	3
Also add the percentage prescribed for dysphonia.	APD
Total	5
Also add the percentage prescribed for permanent tracheostomy.	APD
(B) TRAUMATIC TRACHEAL INJURY	
Without functional sequelae	0
With persistent stenosis, without any change in the respiratory function	3
Add the percentage prescribed for any change in the respiratory function resulting from the stenosis. Refer to Chapter XVI on the respiratory system.	APD
With stenosis requiring a permanent tracheostomy, including alteration in phonation	30
(C) DYSPHONIA	
(alteration of phonation without permanent tracheostomy)	
The evaluation is based on the following 3 functions:	
· audibility	
· intelligibility	
· functional efficiency	
Class 1	
only one function is impaired	3
Class 2	
2 functions are impaired	6
Class 3	
all 3 functions are impaired	15
CHAPTER XII DIGESTIVE SYSTEM AND SPLEEN	

RULES APPLYING TO THIS CHAPTER

(1) In this Chapter, the percentages resulting from

the calculation of bilaterality following permanent impairment to symmetrical organs have already been integrated into the figures. They are indicated under each sequela.

Where there is no such indication, the principle of bilaterality does not apply.

(2) Although the spleen is not part of the digestive system, it is included in this Chapter because of its location within the abdomen. 3 Laparotomy Laparocentesis 0 Abdominal drainage 0 Thoracolaparotomy 7 (A) OESOPHAGUS AND DIAPHRAGM Evaluation is made in terms of digestive problems and their functional consequences. Digestive problems may involve the sequelae such as gastro-oesophageal reflux, problems in deglutition with or without oesophageal stenosis and their consequences on the patient's general condition. (a) ANATOMICAL SEQUELAE (1) Repair of an oesophageal lesion or trauma 3 · without objectified functional sequelae · with objectified functional sequelae 5 Also add the percentage prescribed below for functional sequelae. (b) FUNCTIONAL SEQUELAE Class 1 Presence of sequelae controlled by diet or medical treatment, such as medication or dilation of the oesophagus, without significant weight loss (loss of weight less than 10% in relation to actual weight at the 10 time of the event) Class 2 Presence of sequelae partially controlled by medical treatment, or associated with a loss of weight of 10% to 20% in comparison with actual weight at the time of the

25

event Class 3 Presence of sequelae not controlled by medical treatment, such as gavage or gastrostomy or hyperalimentation, or associated with a loss of weight of more than 20% in comparison with the actual weight at the time of the event

(B) STOMACH AND DUODENUM

Evaluation is made in terms of digestive problems, problems in absorption and their consequences on the patient's general condition and his state of nutrition.

(a) ANATOMICAL SEQUELAE

Vagotomy and pyloroplasty or correction of trauma
(perforation) without resection5Vagotomy with antrectomy10

Subtotal gastrectomy (more than 50%) 20

Total gastrectomy

Also add any percentage prescribed for the functional sequelae below.

(b) FUNCTIONAL SEQUELAE

Class 1

Without objectified functional sequelae, not requiring continuous medical treatment

Class 2

Presence of sequelae requiring continuous medical treatment, but without impairment of general condition and without significant loss of weight (loss of weight of less than 10% in comparison with actual weight at the time of the event)

Class 3

Presence of sequelae partially controlled by continuous medical or by surgery, associated with some restriction of activities or a loss of weight of 10% to 20% in comparison with actual weight at the time of the event

Class 4

Presence of sequelae not controlled by continuous medical treatment or by surgery, associated with a significant restriction of activities or a loss of weight of more than 20% in comparison with actual weight at the time of the event

60

40

0

5

10

25

(C) SMALL INTESTINE

Evaluation is made in terms of digestive problems, problems in absorption and their consequences on the patient's general condition and his state of nutrition.

(a) ANATOMICAL SEQUELAE

Class 1 Repair of a lesion or a trauma without resection and no objectified sequelae Class 2 Resection of 50% and less Class 3 Resection of more than 50% Add any percentages prescribed for the functional sequelae below. (b) FUNCTIONAL SEQUELAE Class 1 Presence of sequelae controlled by continuous medical treatment but without impairment of the general condition Class 2 Presence of sequelae partially controlled by continuous medical treatment, associated with some restriction of activities, or a loss of weight of 10% to 20% in comparison with actual weight at the time of the event Class 3 Presence of sequelae not controlled by continuous medical treatment, associated with a significant restriction of activities, or a loss of weight of more than 20% in comparison with actual weight at the time of the event

(D) COLON

Evaluation is made in terms of digestive problems and their consequences on the patient's general condition and his state of nutrition.

(a) ANATOMICAL SEQUELAE

Class 1

Repair of a lesion or trauma of the colon without resection

3

7

30

5

15

50

Class 2

Repair of a lesion or trauma of the colon with partial resection	7
Class 3	
Repair of a lesion or trauma of the colon with resection of the left colon or the right colon	15
Class 4	
Pancolic resection with permanent ileostomy or colostomy	40
Add any percentage prescribed for the functional sequelae below.	
(b) FUNCTIONAL SEQUELAE	
Class 1	
Without objectified functional sequelae, and not requiring continuous medical treatment	0
Class 2	
Presence of sequelae requiring controlled medical treatment, but without impairment of the general condition, restriction of activities or significant loss of weight (loss of weight of less than 10% in comparison with actual weight at the time of the event)	5
Class 3	
Presence of sequelae not controlled by continuous medical treatment, associated with some restriction of activities, or a loss of weight of 10% to 20% in comparison with actual weight at the time of the event	10
Class 4	
Presence of sequelae not controlled by continuous medical treatment, associated with a significant restriction of activities, or a loss of weight of more than 20% in comparison with actual weight at the time of the event	25
(E) ANUS AND RECTUM	
(anorectal function)	
Class 1	
Repair of a lesion without functional sequelae	1
Class 2	

Repair of a lesion followed by sequelae controlled by medical treatment	5	
Class 3		
Repair of a lesion followed by sequelae requiring continuous medical supervision	10	
Class 4		
Repair of a lesion followed by sequelae incompletely controlled by medical treatment or surgery	20	
Class 5		
Repair of a lesion followed by sequelae not controlled by medical treatment or surgery	40	
(F) LIVER		
(a) REPAIR OF A TRAUMA TO OR LACERATION OF THE LIVER		
Without resection	3	
With resection	5	
(b) PARENCHYMATOUS HEPATIC DISEASE		
(1) Acute hepatic disease without sequelae	0	
(2) Acute hepatic disease with sequelae		
\cdot non-specific hepatitis or persistent chronic hepatitis histologically confirmed, or		
biological evidence of chronic hepatic disease without clinical signs of decompensation of the hepatic function (jaundice, ascites, hepatic encephalopathy or digestive haemorrhage by portal hypertension)	10	
· chronic active hepatitis or cirrhosis histologically confirmed without clinical signs of decompensation of the hepatic function	30	
\cdot biological or histological evidence of chronic hepatic disease with clinical signs of decompensation of the hepatic function	80	
(G) HEPATIC DUCTS AND GALLBLADDER		
Class 1		
Repair of trauma or laceration without objectified sequelae	3	
Class 2		

Repair of trauma or laceration, with functional

symptomatic sequelae, without evidence of biological or anatomical anomalies	5
Class 3	
Repair of trauma or laceration without functional or biological sequelae, but with anatomical sequelae (including cholecystectomy or biliodigestive anastomosis)	7
Class 4	
Repair of trauma or laceration with biological or anatomical sequelae (excluding cholecystectomy or biliodigestive anastomosis)	
(i) without evidence of chronic evolutive hepatobiliary disease	25
 (ii) with evidence of evolutive hepatobiliary disease (episodes of cholangitis or progressive obstruction of hepatic ducts) or with signs of decompensation of the hepatic function 	60
(H) PANCREAS	
Evaluation is made in terms of digestive problems and problems in absorption and their consequences on the patient's general condition and his state of nutrition. For glycoregulation, refer to Chapter X on the endocrine system.	
Acute pancreatitis or pancreatic trauma, without resection, without objectified sequelae	3
Pancreatic trauma having required resection or having evolved towards chronic pancreatitis	
· without exocrine pancreatic insufficiency	10
· with exocrine pancreatic insufficiency	
 (i) controlled by diet, medical treatment or surgery, without significant weight loss (loss of weight of less than 10% in comparison with actual weight at the time of the event) 	15
 (ii) partially controlled by diet, medical treatment or surgery, or loss of weight of 10% to 20% in comparison with actual weight at the time of the event 	25
 (iii) not controlled by diet, medical treatment or surgery, or patient frequently symptomatic with restriction of his activities, or with loss of weight of more than 20% in comparison with actual weight at the time of the event 	50

(I) HERNIA

(a) OPERATED ON

(1) Inguinal (direct, indirect) or femoral	
unilateral	1
bilateral	3
(2) Epigastic or umbilical	1
(3) Incisional	2
(4) Recurring inguinal	
unilateral	1
bilateral	3
(b) NOT OPERATED ON	
(1) Inguinal (direct, indirect), femoral	
not voluminous, reducible	
unilateral	2
bilateral	6
moderately voluminous difficult to reduce	
unilateral	5
bilateral	15
voluminous, irreducible	
unilateral	7
bilateral	21
(2) Indicisional	
not voluminous, reducible	2
moderately voluminous, difficult to reduce voluminous, irreducible	5 7
(J) SPLEEN	
Ablation of the spleen may disturb the haematopoietic system and may cause an immunological deficit.	
Splenectomy	
\cdot 0 to 6 years	8

5

· over 15 years

Also add the percentage prescribed for laparotomy.

CHAPTER XIII CARDIOVASCULAR SYSTEM

RULES APPLYING TO THIS CHAPTER

Bilaterality

(1) In this Chapter, with the exception of Raynaud's phenomenon and sequelae of a vascular lesion in the upper and lower limbs and sequelae of venous and lymphatic lesions, the percentages resulting from the calculation of bilaterality following permanent impairment of symmetrical organs have already been integrated into the figures. They are indicated under each sequela. Where there is no such indication, the principle of bilaterality does not apply.

(2) Raynaud's phenomenon and sequelae of a vascular lesion in the upper and lower limbs and sequelae of venus and lymphatic lesions

Where a worker suffers anatomicophysiological deficits (APD) in symmetrical organs as a result of an employment injury owing to Raynaud's phenomenon or sequelae of a vascular lesion in the upper and lower limbs or sequelae of venous and lymphatic lesions, the total percentage awarded to him for such deficits is determined by adding the percentages of APD calculated for each organ and by adding a second time the percentage determined for the least severely impaired organ.

(A) CARDIAC LESIONS

The evaluation of cardiac sequelae must take place after consolidation of the lesion:

(i) not less than 6 months after medical treatment;

(ii) not less than one year after surgical treatment. Frequent discrepancy between objective signs and subjective symptoms must be noted.

Frequent discrepancy between objective signs and subjective symptoms must be noted.

For instance, a worker with coronary disease may have a normal physical examination with normal electrocardiogram at rest.

Under exercise evaluation, the electrocardiogram may remain normal in spite of significant angina symptoms.

The presence of certain symptoms suggestive of heart

disease does not necessarily imply the presence of an organic or functional impairment (cf. Table 24 of residual functional capacity following cardiovascular lesion).

(B) PERICARDITIS

	APD %	
Refer to Table 24 of residual functional capacity following cardiac lesion	APD	
(C) THORACIC ARTERIAL LESIONS		
The evaluation takes place after consolidation of the lesion, i.e., from 6 to 12 months after the event.		
(a) REPLACEMENT OF ASCENDING THORACIC AORTA BY PROSTHESIS		
Without functional sequelae	8	
With functional sequelae	8	
Also refer to Table 24 of residual functional capacity following cardiac lesion	APD	
(b) REPLACEMENT OF DESCENDING THORACIC AORTA BY PROSTHESIS		
Without functional sequelae	5	
With functional sequelae	5	
Also refer to Table 24 of residual functional capacity following cardiac lesion	APD	
(D) PERIPHERAL ARTERIAL LESIONS		
(Subclavian artery, upper limbs, lower limbs)		
Abdominal aorta surgery (endartenectomy or grafts)		
· without functional sequelae	5	
· with functional sequelae	5	
Also refer to Table 25 of residual functional capacity following vascular lesion in lower limbs	APD	
Peripheral artery surgery (endarteriectomy, grafts or arteriography)		
· without functional sequelae	3	
· with functional sequelae	3	
Also refer to Table 25 of residual functional capacity following vascular lesion in lower limbs, or Table 26		
of residual functional capacity following vascular lesion in upper limbs	APD	
--	-----	
Sympathectomy		
·unilateral	3	
·bilateral	9	
Transluminal angioplasty	3	
One or more carotid lesions may leave sequelae in the brain.		
Refer to Chapter III on the central nervous system.	APD	
(E) VENOUS AND LYMPHATIC LESIONS		
Superficial venous insufficiency or recurring superficial thrombophlebitis	2	
Postphlebitic venous insufficiency or lymphatic insufficiency		
· class 1		
few or no sequelae	3	
· class 2		
minor postphlebitic syndrome, well controlled by standard medical treatment	5	
· class 3		
moderate prostphlebitic syndrome, not completely controlled by standard medical treatment	10	
· class 4		
market postphlebitic syndrome, not controlled by standard medical treatment and with trophic problems without ulceration	15	
· class 5		
marked postphlebitic syndrome, not controlled by standard medical treatment and with trophic problems and recurring ulceration	25	
(F) RAYNAUD'S PHENOMENON AND THE VIBRATORY SYNDROME		
Refer to Table 27 of the classification of Raynaud's phenomenon and the vibratory syndrome.		

TABLE 24

RESIDUAL FUNCTIONAL CAPACITY FOLLOWING CARDIOVASCULAR LESION

The measurement of residual functional capacity is based on the following classification, according to the results of the maximum exercise tolerance test.

The unit of measurement is the mets. One mets is equal to the consumption of 3.5 ml of oxygen at rest per kilogram of weight per minute.	
Class 1 (over 7 mets)	
• without symptoms (angina or shortness of breath), either spontaneous or induced (maximum exercise tolerance test)	10
\cdot with symptoms (angina or shortness of breath), either spontaneous or induced (maximum exercise tolerance test)	20
Class 2 (5, 6, 7 mets)	
No symptoms (angina or shortness of breath), for following everyday physical activities (walking, climbing stairs, carrying packages)	30
Class 3 (4 mets)	
Slight limitation for everyday activities (angina or shortness of breath occurs when walking fast, or on rough ground, or on level ground after a meal, or under cold or windy weather conditions, or under emotional stress, or in the morning after waking up; angina occurs when climbing one flight of stairs at a fast pace or more than one flight of stairs at a normal pace)	40
Class 4 (2, 3 mets)	
Moderate limitation for everyday physical activities (angina or shortness of breath occurs when climbing one flight of stairs a normal pace or walking one or 2 city blocks on level ground)	60
Class 5 (1, 2 mets)	
Marked limitation for light physical activities (angina or shortness of breath occurs after walking a few steps or performing the motions required for personal hygiene; angina may occur at rest or during sleep)	80
TABLE 25	
RESIDUAL FUNCTIONAL CAPACITY FOLLOWING VASCULAR LESION IN LOWER LIMBS	
Class 1	
Vascular lesions without functional sequelae	0
Class 2	
Intermittent claudication, slightly inhibiting, occurring on walking 300 to 500 metres at an average pace; per limb	15

Class 3

Inhibiting claudication occurring on walking 120 to 150 metres at an average pace; per limb	30
Class 4	
Incapacitating claudication occurring on walking 75 metres at an average pace; per limb	40
Class 5	
Severe arterial insufficiency with pain at rest and trophic problems, ulceration; per limb	50
TABLE 26	
REESIDUAL FUNCTIONAL CAPACITY FOLLOWING VASCULAR LESION IN UPPER LIMBS, EXCLUDING RAYNAUD'S PHENOMENON AND THE VIBRATORY SYNDROME	
VIDRATORT STUDROWL	APD %
Class 1	
Vascular lesion without functional sequelae	0
Class 2	
Intermittent pain, slightly inhibiting, occurring after major exertion; per limb	15
Class 3	
Inhibiting pain occurring after ordinary exertion; per limb	30
Class 4	
Considerable pain occurring after light exertion; per limb	40
Class 5	
Pain at rest with trophic problems, ulcerations; per limb	50
TABLE 27	

CLASSIFICATION OF RAYNAUD'S PHENOMENON AND THE VIBRATORY SYNDROME

For assignment to a class, not all the parameters comprised within the class need be present, except for vascular tests, where one of the 2 must be positive.

Where class 5 conditions are encountered, an evaluation must be made of the musculoskeletal system, and the higher of the 2 percentages of APD shall be awarded.

Where there are other sequelae belonging to the vibratory syndrome, refer to the appropriate chapters.

(1) A 2 F SLIGHT	ABSENT PRESENT Caused by cold or vibration (winter, spring and fall)	NONE LITTLE	NORMAL	NORMAL	0
2 I SLIGHT	PRESENT Caused by cold or vibration (winter, spring and fall)	LITTLE			v
2	Several times a day Activities continued after warming up		Slow curve at 15 minutes: 1° lower than the basal temperature	Fragmented waves Peaked waves High dicrotic waves Waves N 1/3 amplitude Occlusive waves with 1/2 N amplitude	0.5
3 H MODERATE (s r f	PRESENT Caused by chill, wind (summer) Pain, moderate stiffness Warming-up necessary Medical treatment required Neuromusculoskeletal problems intermittent before and after activities	CONSIDERABLE Reduction in duration Choice of weather conditions Certaine activities abandoned	Slow curve at 15 minutes: 2° to 3° lower than basal temperature	Occlusive waves with 1/2 N amplitude	2
4 F SEVERE s c c s F a i	PRESENT at the slightest contact with cold or vibrations Marked stiffness Resumption of activity difficult Oedema, cyanosis, sclerodactylia Neuromusculoskeletal problems Pain, stiffness, cramps and numbness frequent in activity and at rest Delicate manipulation difficult	GREAT Abandonment of all activities in cold weather	Slow curve at 15 minutes: 4° or more lower than basal temperature	Waves missing or abnormal at rest and after warming up	3
5 VERY t SEVERE	Permanent circulatory trouble	Abandonment of all activities	Slow curve at 15 minutes: 4° or more lower than basal temperature	Waves abnormal at rest and after warming up	5
	Also add addition	al percentage for ulcerat	ion, eschar or gangrene		5

** RDT: recovery of digital temperature test

CHAPTER XIV SKIN AND SENSITIZATION

RULES APPLYING TO THIS CHAPTER

(A) DERMATOSES INCLUDING CUTANEOUS SENSITIZATION

(1) Dermatological medical evaluation involves the skin and its appendages.

Functional limitations to the movement of underlying joints that are incidental to cutaneous impairment are included in the percentage of anatomicophysiological deficit (APD) where such limitations represent 50% or less of normal articular function.

In cases where the limitation is greater than 50% of total normal articular function, an additional medical evaluation of musculoskeletal function shall be made, and the percentage of APD calculated as a result of the 2 evaluations shall be the higher of the 2.

(2) The medical evaluation shall be made when the dermatosis is in a period of chronic clinical stability with no recent, significant change in the medication being taken.

(3) The fixing of a percentage of APD for cutaneous sequelae shall be in accordance with the following principles:

The first medical evaluation for the purpose of calculating the percentage of APD shall be made within the first 6 months during which the dermatosis is observed. Following this evaluation, 50% of the percentage calculated shall be awarded.

The second medical evaluation, for the purpose of readjusting the initial percentage, shall be made 2 years after the first evaluation. Following this reevaluation, 100% of the percentages fixed, minus the amount already awarded after the first evaluation, shall be awarded.

If, following the second evaluation, the final percentage is less than that awarded at the time of the first evaluation, the initial percentage shall be maintained.

(4) The total of the percentages fixed for a bodily segment may not be higher than the maximum percentage for such segment.

(5) In the case of CONTACT DERMATITIS THROUGH SENSITIZATION, a basic percentage of APD shall be awarded for sensitization as soon as a diagnosis of contact dermatitis through sensitization is confirmed by a medical evaluation. This percentage is as follows:

APD %

Sensitization

The percentages calculated later are added to this percentage.

Bilaterality

Where a worker suffers from anatomicophysiological deficits of the skin as a result of an employment injury and resulting in impairment of symmetrical organs, the total percentage awarded to him for such deficits is determined by adding the percentages of APD for each organ and by adding a second time the percentage determined for the less severely impaired organ.

For the limbs, bilaterality is calculated from limb to limb, i.e., the upper right limb with the upper left limb and the lower right limb with the lower left limb.

For instance, a sequela to the left hand with a sequela to the right shoulder requires application of the principle of bilaterality.

Similarly, the trunk, the neck and the head are divided into 2 symmetrical parts, right and left, starting from the median line.

(B) SENSITIZATION OTHER THAN CUTANEOUS AND PULMONARY

(1) Although not belonging to this Chapter, certain phenomena of sensitization are included for the sake of convenience.

(2) In cases of sensitization demonstrated by an IMMUNOLOGICAL RESPONSE OTHER THAN CUTANEOUS OR PULMONARY, a basic percentage of APD is awarded as soon as a diagnosis of the state of sensitization of the worker is confirmed by a medical evaluation.

The percentage is as follows:

Sensitization

3

The percentages calculated later are added to this percentage.

(3) To evaluate the other permanent sequelae resulting from sensitization, refer to the chapter covering the system or organ impaired.

(4) Bilaterality

The principle of bilaterality applies as prescribed in the chapter used to evaluate the sequelae.

(C) PULMONARY SENSITIZATION

Refer to Chapter XVII on bronchial asthma.

PROCEDURE FOR EVALUATION OF DEFICIT

STEP I

DETERMINATION OF ELEMENTS USED TO FIX THE PERCENTAGE OF APD.

Step I consists in determining the following 3 elements:

· COEFFICIENT OF ANATOMICOPHYSIOLOGICAL IMPAIRMENT

· ANATOMICAL AREA

 \cdot MAXIMUM PERCENTAGE OF APD PRESCRIBED FOR THE SEGMENT IMPAIRED

(a) COEFFICIENT OF ANATOMICOPHYSIOLOGICAL IMPAIRMENT

The coefficient of anatomicophysiological impairment includes the following 3 elements:

 \cdot LOSS OF CUTANEOUS FLEXIBILITY, including functional limitation

· THICKENING (lichenization, keratinization)

· DEHYDRATION (dryness, fissures)

Each of these 3 elements is graded according to the following scale of 0 to 1 for each side of the body (half of the body).

SCALE OF EVALUATION FOR EACH ELEMENT

0 .1 2. .3 .4 .5 .6 .7 .8 .9 1 NORMAL MODERATE SEVERE

The coefficient of anatomicophysiological impairment is determined by taking the average of the 3 elements as follows:

Loss of flexibility		Thickening	Dehydration	impairment	Coefficient of anatomico- physiological
Right Side	+		+	+	/3 =
Left Side	+		+	+	/3 =

(b) ANATOMICAL AREA

The extent of the cutaneous area impaired is first located within a segment, represented in

, and evaluated in accordance with the scale below.

SCA	ALE (DF EV	'ALU	ATIC	ON OF	F ANA	TOM	IICAI	_ ARI	ΞA
0	.1	,2	.3	.4	.5	.6	.7	.8	.9	1
NO	RMA	Ľ	50%	6 OF	TOTA	L	100	% OF	TOT	AL
			AR	EA II	MPAI	RED	AR	EA IN	MPAI	RED

DIAGRAM 9

BODY SEGMENTS AND MAXIMUM PERCENTAGES OF ANATOMICOPHYSIOLOGICAL DEFICIT (APD) FOR EACH SEGMENT



The percentages of APD listed in this diagram represent the maximum impairment for each of the body segments.

	Maximum APD %		Anatomical area		Coefficient of physiological impairment		
Metacarpal area	5	х	1	х	1	=	5%
Thumb	3	х	1	x	1	=	3%
Four fingers	(4 x 3)	X	1	x	1	=	12%

TOTAL =

20%

(C) MAXIMUM PERCENTAGE OF APD PRESCRIBED FOR THE SEGMENT IMPAIRED

The maximum percentage for an impaired segment is fixed in diagram 9.

STEP II

FIXING OF APD

Using the elements fixed in Step I, the percentage of APD is calculated as follows:

Coefficient physiological impairment		Anatomical area		Maximum percentage of APD for a segment	APD %	
Right side	x		x		=	
Left side	x		х		=	

ILLUSTRATION OF CALCULATION OF BODILY DAMAGE FOR DERMATOSIS

In this case, dermatosis affects both hands partially.

In the right hand, there is partial impairment of the metacarpal area, the thumb, the index finger, the middle finger, the ring finger and the little finger.

In the left hand, there is partial impairment of the metacarpal area, the index finger and the middle finger.

Step I

DETERMINATION OF THE MAXIMUM PERCENTAGE OF APD, OF THE ANATOMICAL AREA IMPAIRED AND OF THE COEFFICIENT OF ANATOMICOPHYSIOLOGICAL IMPAIRMENT

Maximum percentage of APD

For each segment impaired, the maximum percentage has been fixed based on diagram 9.

The percentages are entered in column (a) of the results (1).

Percentage of anatomical area impaired

For each segment impaired, the percentage of the value representing the anatomical area impaired has been determined based on the scale of evaluation of anatomical area impaired.

These values are entered in column (b) of the results (1).

Coefficient of anatomicophysiological impairment

For each segment impaired, the loss of flexibility, thickening and dehydration have been evaluated based on the scale for evaluation of anatomicophysiological impairment.

The coefficient of anatomicophysiological damage is calculated by adding these 3 parameters.

The coefficient is calculated for each segment impaired and the figures entered in column (c) are the results of that calculation, cf. results (1).

Step II

FIXING OF THE APD AND APPLICATION OF THE PRINCIPLE OF BILATERALITY

Fixing of the percentage of APD

The percentage of APD is fixed by multiplying the maximum percentage of APD (a) by the value representing the anatomical area (b) by the coefficient of anatomicophysiological damage (c).

The calculation has been made for each segment impaired, cf. results (2).

RESULTS (1)

CALCULATION OF THE COEFFICIENT OF ANATOMICOPHYSIOLOGICAL DAMAGE

(a)	(b)		(c)
	Average		Coefficient
	anato-	Loss of	of anatomico-

Body segments	APD Max. %	mical area		flex- bility	Thi i	icken- ing		Dehy- dration		physiological impairment	
RIGHT											
metacarpal area thumb	5 3	0.3 0.2		0.3 0.3	++++	0.2 0.3	+ +	0.2 0.2	=	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
index finger middle	3	0.4		0.4	+	0.4	+	0.3	=	1.1 / 3 = 0.37	
finger	3	0.3		0.3	+	0.2	+	0.3	=	0.8 / 3 = 0.27	
finger	3	0.3		0.2	+	0.2	+	0.3	=	0.7 / 3 = 0.23	
little finger	3	0.2		0.2	+	0.2	+	0.3	=	0.7 / 3 = 0.23	
LEFT											
metacarpal area	5	0.1		0.2	+	0.2	+	0.2	=	0.6 / 3 = 0.2	
finger	3	0.2		0.1	+	0.1	+	0.2	=	0.4 / 3 = 0.13	
middle finger	3	0.1		0.1	+	0.1	+	0.1	=	0.3 / 3 = 0.1	
RESULTS	(2)										
CALCULA	TION C	F BOD	ILY DA	MAGE							
			RIGHT				LI	EFT			
Body segment		(a)	(b)	(c)		(a)		(b) ((c)		
metacarpal thumb index finge middle fing ring finger little finger	area er ger	5 3 3 3 3 3	x 0.3 x 0.2 x 0.4 x 0.3 x 0.3 x 0.2	x 0.22 x 0.27 x 0.3 x 0.2 x 0.22 x 0.22 x 0.22	$\begin{array}{r} 3 = 0.35 \\ = 0.16 \\ 7 = 0.24 \\ 7 = 0.24 \\ 3 = 0.21 \\ 3 = 0.14 \end{array}$	5	x x x	0.1 x 0.2 x 0.1 x	0.2 0.1 0.1	= 0.1 3 = 0.08 = 0.03	
				TOTAL	= 1.54			TOT	ΓAL	= 0.21	
Total % of % for bilat % for SLEI % for D:	APD: cerality: L:		1 (0 0	54 + 0.2).21).1	1 = 1.75						

TOTAL: 1.75 + 0.21 + 0.1 = 2.06 %

The percentage of bodily damage is 2.06 %

CHAPTER XV PSYCHIC SYSTEM

RULES APPLYING TO THIS CHAPTER

1. The principle of bilaterality does not apply in this Chapter.

2. No compensation for disfigurement (D) is awarded for permanent sequelae of the psychic system.

The psychic functions (mental, psycho-affective, adaptive, behavioural) of some workers may be permanently affected.

(A) GENERAL MECHANISMS CAUSING DEFICITS

APD %

Such deficits are sometimes the direct consequence of an anatomicophysiological lesion of the central nervous system; in such an instance they are evaluated from a psychiatric or neurological point of view, with, in some cases, a psychological evaluation which goes beyond the neurological deficit. In other cases, the deficit reflects a permanent psycho-affective dysfunction expressing chronic psychological maladjustment to a trauma that affected another part of the bodily integrity in a temporary or permanent manner. Deficits of this nature sometimes result from the interaction of both source mechanisms.

(B) GENERAL CRITERIA FOR EVALUATION

The deficient is evaluated by a clinical psychiatric examination supplemented, where necessary, by psychological tests. Adequate knowledge of the previous personality, the antecedents and the habitual style of adaptation of the worker is necessary for clinical evaluation. The premorbid level of personal adaptation of the worker must be taken into account in order to determine the degree of functional alteration caused by a permanent psychic impairment resulting from an employment injury.

A detailed objective mental examination is indispensable; the symptoms must form a plausible, complete and coherent syndrome. A deficit in the psychic functions must be shown by changes in ordinary activities and in interpersonal relations and must be accompanied in certain cases by physiopathological signs. The presence of symptoms over a sufficiently long time is necessary, and as a general rule, normal therapeutic methods must have been applied persistently, but unsuccessfully. An abnormal mental condition is usually studied by means of supplementary objective information or documentation obtained from the patient's milieu and from attending personnel; a purely subjective and unverifiable syndrome rarely indicates an anatomicophysiological deficit of much significance.

The clinical evaluation may sometimes be supplemented by a social or psychometric evaluation. Unfavourable social circumstances may affect rehabilitation and the overall prognosis of a beneficiary, but they do not in themselves constitute a deficit in psychic functions. The evaluation must take the patient's motivation into account. A deficit for which such a psychiatric evaluation is made, supplemented by psychological tests where necessary, is by its very nature different from loss of enjoyment of life or loss of a mutilated organ.

(C) CATEGORIES AND GROUPS OF DEFICITS

Permanent deficits of the psychic functions of an accident victim may result from:

- · cerebral syndromes,
- · psychoses,
- · neuroses,
- · personality problems.

The history of psychiatric or psychopathological sequelae with the specific content of the mental examination and the supplementary examinations usually make it possible to arrive at a single nosological category. Psychotic or neurotic signs or signs of personality deterioration may occur concomitantly with organic cerebral syndromes and thus may be included in the clinical table and in the evaluation of such syndromes.

Symptomatic intensity is accompanied by repercussions that go beyond the experience of the worker and change the ordinary activities of daily life or personal or social achievement, requiring continuous supervision or therapy, special assistance or a special environment. Sometimes it may even be necessary to submit the patient to total supervision in order to meet his essential needs.

Depending upon the objective effects of the syndrome evaluated and applying in each case general criteria for evaluation, a diagnosis must be made of the degree of intensity of the deficit affecting the whole person by referring to 4 degrees of seriousness.

· GROUP 1

minor deficit

· GROUP 2

moderate deficit

· GROUP 3

serious deficit

· GROUP 4

very serious deficit

Precise quantification within a group may be difficult, whence the necessity of comparing the symptoms with those of similar cases whose history is known to the evaluator. There may have to be a waiting period before a final evaluation of the deficit can be made.

It may happen that the clinical psychiatric evaluation supplemented by a psychological evaluation, where necessary, does not uncover any additional deficit and is useful only in evaluating the motivation of a patient affected by a deficit in another bodily system, or that the possibilities of more complete rehabilitation of a patient warrant closer study before setting the rate for such a deficit.

In such a case. it is preferable to wait 2 years before evaluation of the psychiatric deficit.

(a) CHRONIC CEREBRAL SYNDROMES

For evaluation of these syndromes, refer to Chapter III on the central nervous system.

(b) PSYCHOSES

Psychosis means a profound mental disturbance likely to cause a deficit, the extent of which depends upon its nature, its intensity, the patient's antecedents, its duration, its repercussions and the response to therapeutic measures. It is often preferable to wait 2 years before definitive evaluation of such deficit.

The clinical table may then stabilize and leave permanent signs: sometimes, the basic deficit may be only a more or less serious potential for future recurrences.

The syndrome is essentially characterized by emotional disturbances, problems of perception, of thought (process, form, content), of behaviour and anomalies in emotional control. It is usually accompanied by a lack of self-criticism, and often includes abnormal behaviour perceptible to his associates. APD

Group 1 (minor)

A deficit in this category is shown by minor and discrete anomalies in perception, thought, emotional control or behaviour, but there is little repercussion on the functioning of the patient compared to his adaptation before the accident. Patients effectively controlled by constant psychotropic medication enabling them to avoid further hospitalization fall into this group.

Group 2 (moderate)

The psychotic syndrome is evident upon the mental examination, is easily observed by the patient's associates, and has repercussions in the form of difficult social functioning, strange behaviour, and a more or less marked reduction in social and personal achievement. The behavioural problems are fairly reduced, enabling the patient to be tolerated in his milieu.

Group 3 (serious)

The patient's cooperation is variable and inconstant, the risk of occasional hospitalization is probable and the syndrome is not effectively controlled by medication. The patient may require occasional supervision and direction in his ordinary activities.

Group 4 (very serious)

The psychotic syndrome is of such intensity that the patient shows disturbances in perception and in thought, and a lack of emotional control leading to behaviour that is intolerable for his associates or dangerous to himself. The patient requires at least partial supervision at all times and direction in his ordinary activities. In the most serious cases, he may require a protected environment or constant care in an institution, with repeated hospitalization.

(c) NEUROSES

Since individuals react differently to difficulties in their lives, some workers are likely to develop a neurotic adaptation to trauma and its sequelae. Neuroses have no demonstrable organic basis. The patient remains lucid and able to distinguish between external reality and his subjective experience. The personality is not disorganized, but behaviour may be disturbed within limits that are generally socially acceptable. The syndrome consists of excessive anxiety, phobias, hysterical, obsessional, compulsive and depressive symptoms, sometimes with a psychosomatic component.

Group 1 (minor)

The neurotic syndrome is mainly subjective, but plausible,

15

45

100

complete, coherent and accompanied by minor changes which do not make the patient incapable of adaptive behaviour. There is no reduction in ordinary activities or alteration in social or personal achievement.

Group 2 (moderate)

The symptomatic intensity of the neurosis, although ordinarily variable, obliges the patient to have constant recourse to therapeutic measures, and forces a change in his ordinary activities leading to a more or less marked reduction in his social and personal achievement. The syndrome may be accompanied by functional psychophysiological disorders requiring symptomatic treatment and occasionally interrupting regular activities.

Group 3 (serious)

The neurotic syndrome is invasive and leads to noticeable deterioration in social and personal achievement. It is accompanied by serious and constant changes in interpersonal relations: isolation or need to be encouraged and comforted. Ordinary activities are disrupted, and the patient needs supervision or assistance from his associates. The psychosomatic component may include pathological tissular lesions that are more or less reversible.

Group 4 (very serious)

The neurotic state is accompanied by a state of regression, deterioration and significant dependence. The patient requires occasional supervision and direction in his ordinary life.

(d) PERSONALITY DISORDERS

These are essentially character disorders accompanying a lack of emotional maturity expressed in difficulty in interpersonal relations, lack of control over inhibitions, reduced tolerance of frustration, exaggerated egocentrism, inconsistency in achievement, and more or less serious social maladjustment.

If changes in personality are due to an organic cerebral syndrome, they must be evaluated according to the scale for such syndrome

Refer to Chapter III on the central nervous system.

Group 1 (minor)

Disorders result in slight difficulty in adapting to the constraints of ordinary life.

Group 2 (moderate)

5

15

45

100

APD

The level of character adaptation existing before the event is exacerbated in a constant manner and leads to a more pronounced deficiency in social judgment, deterioration in interpersonal relations, increased inconsistency in achievement, erratic behaviour and inability to avoid coming into conflict with society or harming oneself. There is a kind of inability to adapt to the difficulties of ordinary life.

Group 3 (serious)

The maladjustment syndrome is such that the individual has lost the greater part of his self-control, is incapable of correcting himself by experience and causes repeated and serious harm to his associates and himself. The lack of social control may have resulted in legal supervision in various forms. Only rarely is an isolated psychiatric deficit awarded for personality disorders. Such objective behavioural deterioration must be investigated to determine whether it belongs to another type of deficit.

Group 4 (very serious)

There is total loss of independence and social maladjustment requiring permanent control.

CHAPTER XVI RESPIRATORY SYSTEM EXCLUDING BRONCHIAL ASTHMA

RULES APPLYING TO THIS CHAPTER

(1) Bilaterality

In this Chapter, the principle of bilaterality applies to anatomical sequelae, but not to other sequelae.

(2) The evaluation must take into account the anatomical sequelae, the functional sequelae, and any factors of severity for both irreversible and regressive pulmonary lesions. A distinction must also be made between work-related and any non-work-related factors.

(3) Special provisions for evaluation of occupational pulmonary disease are prescribed in sections 226 to 233 of the Act.

(4) A percentage of APD is awarded as soon as a diagnosis of irreversible occupational pulmonary disease is confirmed by the special committee. The percentage is as follows:

Irreversible occupational pulmonary disease

The percentages calculated later are added to this percentage.

ANATOMICAL SEQUELAE

15

45

100

5

Simple lobectomy	3
Bilobectomy	6
Pneumonectomy	20
Also add the percentage of APD prescribed for thoracotomy, cf. Chapter 1 on the musculoskeletal system, and the percentages prescribed for functional sequelae.	APD
FUNCTIONAL SEQUELAE	
The evaluation of functional deficit makes it possible to classify the sequelae on a scale containing 5 classes. That scale appears in Table 32 of evaluation of the pulmonary function.	
Assignment to classes must not be made solely in terms of the values entered in each class, but also in terms of an equivalent actual functional loss.	
Assignment to a class does not require the presence of all the parameters in a class.	
Add the percentages prescribed for any additional severity factor(s).	
ADDITIONAL SEVERITY FACTORS	
The additional severity factors shall be calculated in terms of a given class, fixed in accordance with Table 32 of evaluation of the pulmonary function.	
Extent of symptoms, clinical signs and medication requirements	
discrete anomalies significant anomalies	5 10
Severity of radiographic anomalies	
discrete anomalies significant anomalies	5 10
Inability to sustain effort	
discrete anomalies significant anomalies	5 10
Changes recorded on certain other tests of respiratory function	
discrete anomalies significant anomalies	5 10
TABLE 32	

		MSEV or MSEV			
CLASSES	VC TEST*(1) %	VC TEST*(2) %	CDDC TEST*(3) %	APD %	
1	80 to 120	over 85	80 to 120	0	
2	over 75	75 to 85	over 70	20	
3	60 to 75	55 to 70	60 to 70	40	
4	50 to 60	under 55	50 to 60	60	
5	under 50	under 55	under 50	100	

Values obtained through the maximum VP^2 measurement (maximum consumption of oxygen under effort) are used in the evaluation of functional limitations.

((1)	VC vital	capacity
- 1	- /		

- (2) MSEV maximum/second expiratory volume
- (3) CDDC carbon dioxide diffusion capacity

* Actual value already known, or, if lacking, the percentage of value predicted.

CHAPTER XVII BRONCHIAL ASTHMA

RULES APPLYING TO THIS CHAPTER

(1) Bilaterality

The principle of bilaterality does not apply to this Chapter.

(2) A percentage of APD is awarded for sensitization, as soon as a diagnosis of bronchial asthma is confirmed by the special committee. The percentage is as follow:

Sensitization

The percentages calculated later are added to this percentage.

(3) Special provisions for evaluation of occupational pulmonary disease as prescribed in sections 226 to 233 of the Act.

(4) The evaluation must distinguish between work-related and non-work-related factors.

3

(A) CRITERIA FOR EVALUATING DEFICIT

The medical evaluation is carried out when the disease is in a period of clinical stability without recent significant change in current medication.

It is based on an estimate of the actual need for medication, on evaluation of the degree of bronchial obstruction revealed during tests of respiratory function and on the degree of non-allergenic bronchial hyperreactivity as indicated by the histamine or methacholine provocation test.

The evaluation makes it possible to classify the sequelae on a scale containing 6 classes. The classes and the percentages of APD are set forth in Table 33 of the evaluation of the pulmonary function - work-related asthma, according to the results of the functional tests and certain criteria peculiar to this type of evaluation.

Add a percentage for any additional severity factors based on the significance of dyspnea and of respiratory symptoms and signs showing a non-allergenic bronchial hyperreactivity.

ADDITIONAL SEVERITY FACTORS

Non-allergenic bronchial hyperreactivity		
On considerable physical effort, or in cold	2	
On walking in good weather, or when the worker is exposed to irritants, such as smoke or strong odours	4	
On normal household activities	6	
Continuously, including at night	10	

TABLE 33

EVALUATION OF PULMONARY FUNCTION - WORK-RELATED ASTHMA

Class	Degree of bronchial obstruction*	Degree of bronchial reactivity**	Requirement in medication (beclomethasone or related drugs, steroids)	APD %
1	0	0	None	0
2	0	1	None	5
	0	1	Bronchodilators (BD) as requi	red
			(pres.)***	8
	0	1	BD on a regular basis (reg.)**	** 10
	0	2	None	10

	0	2	BD pres. or reg.	13
	0	3	BD pres. or reg.	15
3	1	1	BD pres. or reg.	18
	1	2	BD pres. or reg.	20
	1	3	BD pres. or reg.	25
4	2	1-2	BD pres. or reg.	28
	2	3	BD pres. or reg.	33
5	3	1-2	BD pres. or reg.	50
	3	3	BD pres. or reg.	60
6	4	1-2-3	BD pres. or reg. with oral steroids with or without inhaled steroids Add, where necessary, • for inhaled steroids • for oral steroids, with or without inhaled steroids	100 3 10

DEGREE OF BRONCHIAL OBSTRUCTION* 0 MEVS* and/or MEVS*/VC > 85% (%pred) 1 MEVS and/or MEVS/VC = 71%-85% (%pred) 2 MEVS and/or MEVS/VC = 56%-70% (%pred) 3 MEVS and/or MEVS/VC = 40%-55% (%pred) 4 MEVS and/or MEVS/VC < (%pred)

DEGREE OF BRONCHIAL REACTIVITY** 0 CP 20 > 16 mg/ml 1 CP 20 = 2-16 mg/ml 2 CP 20 = 0.25-2 mg/ml 3 CP 20 < 0.25 mg/ml

TABLE 33 (explanations)

*MEVS, MEVS/VC (percentage expressed in relation to values predicted). More precise tests of respiratory function could be used, such as pulmonary volume, carbon dioxide diffusion, gas exchanges at rest and under effort, the flow-volume loop and a study of the resistance of the airways.

**According to the results of the histamine or methacholine tests. The test is carried out using the standardized method of Cockcroft and Coll. (Clinical Allergy 1977; 7: pp. 235-243).

***Bronchodilators (BD) include adrenergic Beta-2 derivatives, theophyllines and iprotropium bromide.

****On a regular basis (reg.) means daily.

CHAPTER XVIII DISFIGUREMENT (D)

RULES APPLYING TO THIS CHAPTER

(1) The principle of bilaterality does not apply to this Chapter.

(2) Any adhesion or sensitivity in a scar are part of the anatomicophysiological deficit, without being part of disfigurement.

(3) Surgical scars must be evaluated on the same basis as other scars.

(4) A deformity in a joint is limited to the maximum percentage of D prescribed for the segment of the limb below the deformity.

(5) The evaluation of disfigurement is based on the ideas of deformity or disfiguration, changing the form, symmetry, physiognomy or general appearance.

The evaluation of disfigurement is also based on cicatricial impairment of the skin, considering the texture, colouring and configuration of the area impaired.

A scar or a deformity must first be evaluated based on its impact on symmetry, physiognomy and general attractiveness, rather than simply its size or appearance.

(6) The rules of evaluation to be followed for the use of Tables 34 and 35 appear at the beginning of each table.

(7) For compensation to be paid, a scar or deformation must be evident when not covered.

(8) The percentages of D are fixed depending upon the state of the impairment if it is permanent at the time of the evaluation or depending upon expected improvement considering the medical or surgical possibilities.

(9) The percentages of D for cutaneous telangiectasia are listed under the title: Cutaneous telangiectasia.

(10) The percentage of D for enucleation of the eye is listed under the title: Eye.

(11) The percentages related to the D of partial or total amputation of an upper limb or a lower limb are listed under the title: Disfigurement from partial or total amputation of limbs.

(12) The minimum time preceding the evaluation of a scar resulting from an employment injury is 6 months.

(13) The area in square centimetres of a scar is obtained by multiplying the average width by the average length. The total percentage of D for a scar is fixed by multiplying the area in square centimetres by the appropriate percentage of D.

DEFINITIONS

Cicatricial impairment (scarring) means any qualitative

or quantitative change in the skin; the idea includes flat and, faulty scars.

Flat scar (not conspicuous)

Almost linear scar, at the same level as the adjoining tissue and almost the same colour, causing no contraction or distorsion of neighbouring structures.

Faulty scar

A scar that may be misaligned, irregular, depressed, deeply adhering, pigmented, scaly or retractile.

It is keloidal where there is an abnormal fibrous proliferation located in the dermis, characterized by elevation, invasion of surrounding healthy tissue, continuing but intermittent growth, an absence of significant regression and strong tendency to recur.

It is hypertrophic where there is an abnormal fibrous proliferation located in the dermis, characterized by a limited elevation of damaged tissue, stabilizing and regressing in time, with a possibility of recurrence.

TABLE 34DISFIGUREMENT OF THE FACE

Rules for evaluation

For purposes of evaluation of disfigurement (D) of the face, reference is made to each of the following anatomical elements:

the forehead

the orbits, (each orbit constitutes an element)

the lids (each lid constitutes an element)

the eyes, visible part of the ocular globes (each eye constitutes an element)

the cheeks (each cheek constitutes an element)

the nose (including the nostrils and the base)

the lips (each lip constitutes an element)

the ears (each ear constitutes an element)

the chin

The extent of D affecting the face must first be assessed overall in terms of the physiognomy, in order to determine the class of impairment.

For classes 1 to 4 within the class of impairment of

the physiognomy determined, the percentage of D is fixed in relation to the changes in the form and symmetry of the scarring, without exceeding the maximum percentage of D prescribed for that class.

Where there are both scarring and changes in the form and symmetry, the percentages of the 2 are totalled up to the maximum percentage prescribed for the class determined.

For classes and 6, the changes in the form and symmetry and the scarring are considered as a whole. If a worker has an impairment under any heading, the percentage of D awarded is the maximum percentage prescribed for the class.

Impairment physiognomy (classes)	Changes in form and symmetry	Scarring	Max. D %
Class 1			
None	None evident	None evident	0
Class 2			
Very slight	Very slight	Flat: the D is 1%/cm ²	3
Class 3			
Slight	Obvious		
	Affecting one anatomical element (for example: deformity of the nose): the D is 3%		
	Affecting 2 anatomical elements (for example: nose and upper lip or nose and one cheek): the D is 4%	Flat: the D is 1% Faulty:	
	Affecting more than 2 anatomical elements: the D is 7%	the D is 2%/cm ²	7
Class 4			
Moderate	Obvious and holds one's attention		
	Affecting one anatomical element: the D is 16% Affecting 2 anatomical elements: the D is 18%	Flat: the D is 1 % Faulty:	

	Affecting more than 2 anatomical elements:	the D is 3%/cm ²	•
Class 5	the D is 20%		20
Severe	Affecting several elements		30
Class 6			
Disfiguration Affectir	ng all the elements		50
TABLE 35 DISFIGUREMENT (OF OTHER PARTS OF THE BODY		

RULES FOR EVALUATION

For parts of the body other than the face, the disfigurement (D) is calculated by using the criteria mentioned under the heading Changes in form and symmetry or under the heading Scarring.

Where there is impairment only under the heading Changes in form and symmetry, the degree of impairment is calculated and the percentage of D prescribed for that part of the body is awarded.

Where there is impairment only under the heading Scarring, the degree of impairment is calculated, the surface area of the scar is measured and the percentage prescribed per cm^2 is awarded, without exceeding the maximum percentage of D prescribed for that part of the body.

Where there are both changes in the form and symmetry and scarring, the higher percentage obtained under either heading is awarded as the percentage of D related to those sequelae, without exceeding the maximum percentage prescribed for that part of the body.

Changes in form and	D		
degree of impairment	D %	Scarring	
		g	· · · · · · · · · · · · · · · · · · ·
Scalp and skull			
Not obvious or slight	0	Not evident or flat: the D is 0%	
Moderate	4		
Severe	8	the D is 0.5% /cm ²	

The maximum percentage of D is 8%.

Neck

Delimited at the back by the base of the occiput and the first ribs, and at the front by the chin line and the angle of the sternum including the sternoclavicular joints.

Not obvious or slight	0	Not obvious or flat: the D is 0%
Moderate	10	Foultry
Severe	15	the D is $1\%/cm^2$
The maximum percentage of I	D is 15%.	
Arm, shoulder and elbow		
Not obvious or slight	0	Not obvious or flat: the D is 0%
Moderate	2	Faulty
Severe	4	the D is $0.5\%/cm^2$
The maximum percentage of I arms including both shoulders	D for both and both elbows is 8%.	
Forearm and wrist		
Not obvious or slight	0	Not obvious or flat: the D is 0%
Moderate	2	Faulty
Severe	5	the D is $1\%/cm^2$
The maxim percentage of D for both wrists is 10%.	or both forearms including	
Hands		
Not obvious or slight	0	Not obvious or flat:
Moderate	4	Faulty:
Severe	8	the D is $1\%/cm^2$
The maximum percentage of I	D for both hands is 16%.	
Trunk		
Not obvious or slight	0	Not obvious or flat: the D is 0%
Moderate	3	Faulty:
Severe	6	the D is 0.5% /cm ²

The maximum percentage of D for the trunk (front and rear) is 12%.

Lower limbs

Not obvious	0	Not obvious or flat:	
Moderate	5		
Severe	10	Faulty: the D is 1%/cm ²	
The maximum percentage of D for both	lower limbs is 20%.		
CUTANEOUS TELANGIECTASIA			
Class 1			
Slight impairment of the trunk		0.5	
Class 2			
Moderate impairment of the trunk		1	
Class 3			
Impairment of the trunk and limbs		2	
Class 4			
Impairment of the trunk, limbs and face		3	
EYE			
Enucleation with or without replacement by prosthesis		5	
(Where necessary, refer to the Table of Disfigurement of the Face.)			
DISFIGUREMENT FROM PARTIAL OR TOTAL AMPUTATION OF LIMBS			

UPPER LIMBS

Fingers; per phalanx up to a maximum of 5%	0.5
Thumb; per phalanx	1
Metacarpals; per metacarpal up to a maximum of 2%	0.2
Radiocarpal and transcarpal	10
Forearm	12
Elbow	15

Arm	17
Disarticulation of the shoulder	20
Interscapulothoracic disarticulation	30
LOWER LIMBS	
Toes, except great toe; per phalanx, up to a maximum of 1%	0.2
Great toe; per phalanx	0.5
Metatarsal; per metatarsal, up to a maximum of 1%	0.2
Transmetatarsal	3
Tarsometatarsal (Lisfranc's)	5
Midtarsal (Chopart's)	5
Ankle (Syme's)	6
Leg	8
Knee	10
Thigh	12
Disarticulation of the hip	15
Hemipelvectomy	20

CHAPTER XIX

PERCENTAGES FOR SUFFERING AND LOSS OF ENJOYMENT OF LIFE RESULTING FROM ANATOMICOPHYSIOLOGICAL DEFICIT OR DISFIGUREMENT

TABLE OF SLEL

Sum of percentages of APD or of D	SLEL %	
0.01 to 0.99 1 to 1.99 2 to 2.99 3 to 3.99 4 to 4.99 5 to 5.99 6 to 6.99 7 to 7.99 8 to 8.99 9 to 9.99 10	$\begin{array}{c} 0.01 \\ 0.1 \\ 0.2 \\ 0.3 \\ 0.4 \\ 0.75 \\ 0.9 \\ 1.05 \\ 1.2 \\ 1.35 \\ 1.5 \end{array}$	

10.01 to 11	2.2
11.01 to 12	2.4
12.01 to 13	2.6
13.01 to 14	2.8
14.01 to 15	3
15.01 to 16	3.2
16.01 to 17	3.4
17.01 to 18	3.6
18.01 to 19	3.8
19.01 to 20	4.
20.01 to 21	5.25
21.01 to 22	5.50
22.01 to 23	5.75
23.01 to 24	6
24 01 to 25	6.25
25.01 to 26	6.50
26.01 to 27	6.75
27.01 to 28	7
28.01 to 29	7.25
29.01 to 30	7.5
30.01 to 31	9.3
31.01 to 32	9.6
32.01 to 33	9.9
33.01 to 34 24.01 to 25	10.2
34.01 to 35	10.5
55.01 to 50 26.01 to 27	10.8
27.01 to 29	11.1
57.01 to 56 29.01 to 20	11.4
30.01 to 40	11./
40.01 to 41	1/ 35
40.01 to 41 41.01 to 42	14.55
42.01 to 43	15.05
43 01 to 44	15.05
44 01 to 45	15.75
45 01 to 46	16.1
46 01 to 47	16.45
47 01 to 48	16.15
48 01 to 49	17.15
49.01 to 50	17.5
50.01 to 51	20.4
51.01 to 52	20.8
52.01 to 53	21.2
53.01 to 54	21.6
54.01 to 55	22
55.01 to 56	22.4
56.01 to 57	22.8
57.01 to 58	23.2
58.01 to 59	23.6
59.01 to 60	24
60.01 to 61	27.45
61.01 to 62	27.9
62.01 to 63	28.35
63.01 to 64	28.8
64.01 to 65	29.25
65.01 to 66	29.7
66.01 to 67	30.15
67.01 to 68	30.6

31.05 31.5 50% of the percentage of APD or of D

68.01 to 69 69.01 to 70 70.01 or more